

Supporting Statement A

Rural Maternity and Obstetrics Management Strategies Program Performance Improvement and Measurement System

OMB Control No. 0915-XXXX

New

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 about Rural Maternity and Obstetrics Management Strategies (RMOMS) Program grant activities using performance measures in HRSA's Electronic Handbooks via the Performance Improvement and Measurement System (PIMS).

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 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 RMOMS Program.

The RMOMS Program is authorized by sections 501(a)(2) and 711(b)(5) of the Social Security Act (42 U.S.C. §§ 701(a)(2) and 912(b)(5), respectively), and sections 330A(e) and 330A-2 of the Public Health Service Act (42 U.S.C. §§ 254c(e) and 254c-1b, respectively). These authorities allow HRSA to, among other things,

award grants to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas, through community engagement and evidence-based or innovative, evidence-informed models; as well as establish or continue collaborative improvement and innovation networks to improve access to, and delivery of, maternity and obstetrics care in rural areas.

The RMOMS program grants support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The goals of the RMOMS program are to: (1) improve maternal and neonatal outcomes within a rural region; (2) develop a sustainable network approach to increase the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services; (3) develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants; and (4) develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities.

2. Purpose and Use of Information Collection

FORHP is proposing to conduct an annual data collection of user information for the RMOMS 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.

The type of information requested in the RMOMS program PIMS enables FORHP to assess the following characteristics about its programs: (1) consortium/network; (2) sustainability; (3) population demographics; (4) project-specific domains.

This assessment will provide useful information for the RMOMS 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 RMOMS Program 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 Help Desk 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

RMOMS Program award recipients also collect and report patient-level clinical data as part of the program activities. However, the PIMS reporting encompasses aggregate data from all RMOMS Program network partners, including partners providing support services (non-clinical).

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

The request fully complies with the regulation.

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 April 7, 2023, vol. 88, No. 67; pp. 20893-20894. There were no public comments. A 30-day Federal Register Notice was published in the Federal Register on July 7, 2023, vol. 88, No. 129; pp. 43360- 43361

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 three individuals in participating grantee organizations in late 2022 and early 2023.

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. Race and ethnicity are collected at an aggregate level.

12. Estimates of Annualized Hour and Cost Burden

This section summarizes the total burden hours for this information collection in addition to the cost associated with those hours. The total burden hours were estimated by reaching out to three RMOMS Program grantees who had responded to the Rural Maternity and Obstetrics Management Strategies Program Performance Improvement and Measurement System in the last year. The three grantees provided an estimate of the time spent on completing the form, and an average of the three estimates was calculated to determine the Average Burden per Response (in hours) of 9 hours, as shown in the table below. Data is collected annually.

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 Maternity and Obstetrics Management Strategies Program Performance Improvement and Measurement System	10	1	10	9	90
Total	10		10		90

12B. Estimated Annualized Burden Costs

The person completing the data collection is the Project Director. The person completing the collection would fall under the Bureau of Labor Statistics (BLS)

category, “Medical and Health Services Manager.” The mean hourly rate is used, as opposed to adjusting for locality, since award recipients are spread across the country.

Type of Respondent	BLS Code	Total Burden	Hourly Wage Rate x 2	Total Respondent Costs
Project Director	11-9111: Medical and Health Services Managers	10	\$123.06	\$1,230.60
Total				\$1,230.60

Hourly Wage Rate based on the United States Department of Labor, Bureau of Labor Statistics: (<https://www.bls.gov/oes/current/oes119111.htm>). Mean hourly wage of \$61.53 doubled to account for 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 \$3,102.33. Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$ 3,102.33 per year (25.5 hours per year at \$121.66 per hour at a GS-13, Step 5 salary level, locality pay area Washington-Baltimore-Arlington, multiplied by 2 to account for overhead costs). Total cost is

15. Explanation for Program Changes or Adjustments

This is a new information 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 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.