Supporting Statement A

Rural Health Network Development Program Performance Improvement Measurement System

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 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:

- Additional components under questions surrounding the network's benefits and funding strategies, as well as the types of participant organizations.

- Modified questions surrounding Health Information Technology and Telehealth to reflect an updated telehealth definition based on renewed knowledge on the use of both Health Information Technology and Telehealth, and to improve understanding of how these important technologies are affecting HRSA award recipients.

- The Demographics and Services section now includes a question requesting grantees to identify which counties they have served during the project.

- Revised National Quality Forum and Centers for Medicare & Medicaid Services measures to allow uniform collection efforts throughout the HRSA Federal Office of Rural Health Policy.

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). The purpose of this program is to support integrated health care networks that collaborate to achieve efficiencies; expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and strengthen the rural health care system as a whole. The program supports networks as they address gaps in service, enhance systems of care, and expand capacity of the local health care system.

RHND-funded programs promote population health management and the transition towards value-based care through diverse network participants that includes traditional and non-traditional network partners. Evidence of program impact demonstrated by outcome data and program sustainability are integral components of the program. This is a 4-year competitive program for networks composed of at least three participants that are existing health care providers. At least 66 percent of network participants must be located in a HRSA-designated rural area.

HRSA currently collects information about RHND awards under this OMB-approved collection. HRSA seeks to revise this collection to better gather award recipient data in response to previously accumulated award recipient feedback, peer-reviewed research, and information gathered from the previously approved RHND measures.

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**

This information collection is 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) access to care, (b) population demographics, (c) staffing, (d) consortium/network, (e) sustainability, and (f) project specific domains.

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, or the ability to sustain program activities and services beyond federal funding;

- 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; and

- 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 managed by HRSA. PIMS data is currently collected through HRSA's Electronic Handbook (EHB), which 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**

   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 July 20, 2023, vol. 88, No. 138; pp. 46800-46801. One out-of-scope comment was received in response to the 60-day Federal Register Notice. As a result, there are no changes

made to the information collection since the comment was outside the scope of this information request. A 30-day Federal Register Notice was published in the Federal Register on November 29, 2023, vol. 88, No. 228; pp. 83420-21.

Section 8B:
In order to create a final set of performance measures that are useful for all program awardees, a set of measures was vetted to 5 awardee organizations in 2023.

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 will be used only in aggregate data for program activities. Data will be kept private to the extent allowed by law.

11. **Justification for Sensitive Questions**

There are no sensitive questions.

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 five Rural Health Network Development awardees. The estimates provided were based on the amount of time it takes to review PIMS instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An average of the 5 estimates was calculated to determine the Average Burden per response (in hours) of 48.8 hours, as shown in the table below.

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
RHND Project Director	RHND PIMS	44	1	48.8	2147.2
Total		44	1	48.8	2147.2

The burden has increased due to a new cohort of awardees who were funded, which includes awardees who had not previously received funding through the Rural Health Network Development Program. This new cohort of awardees also represents organizations that are new to PIMS reporting and still in the development phase of preparing to report out on RHND data measures. As a result, there is a further increase in burden due to the amount of time it takes to build systems to capture and report data at the start of a new project. Larger networks or consortiums with multiple partners and programs across different organizations also reported higher burden times due to the wait time in between requests.

12B.

The person completing the data collection is the Project Director, who would be a Medical and Health Services Manager. The median hourly rate is used, as opposed to adjusting for locality, since award recipients are spread across the county.

Estimated Annualized Burden Costs

Type of Respondent	BLS Code	Total Burden Hours	Hourly Wage Rate x 2	Total Respondent Costs
Project Director	11-9111: Medical and Health Services Managers	2147.2	$100.80	$216,437.76
Total				$216,437.76

Hourly Wage Rate based on the United States Department of Labor, Bureau of Labor Statistics: (https://www.bls.gov/oes/current/oes119111.htm). Hourly wage doubled to account for benefits.

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

The Rural Health Network Development program is a multi-year program. The estimated annual cost of using existing Federal staff for data analysis and reporting is $12,317.265 per year (6 Federal staff at 25.5 hours per year, $53.67 per hour at a GS-13, Step 1 salary level, locality pay area Washington-Baltimore-Arlington,

multiplied by 1.5 to account for benefits).

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

This request involves revisions to the current approved package. There have been changes to the measures as well as an increase in burden. 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:

- Additional components under questions surrounding the network's benefits and funding strategies, as well as the types of participant organizations.

- Modified questions surrounding Health Information Technology and Telehealth to reflect an updated telehealth definition based on renewed knowledge on the use of both Health Information Technology and Telehealth, and to improve understanding of how these important technologies are affecting HRSA award recipients.

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- Revised National Quality Forum and Centers for Medicare & Medicaid Services measures to allow uniform collection efforts throughout the HRSA Federal Office of Rural Health Policy.

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.