DATE:	October 11, 2024
TO:	Dan Cline, OMB Desk Officer
FROM:	Joella Roland, HRSA Information Collection Clearance Officer

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Request:

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, Office of Quality Improvement requests approval for changes to the Progress Report – Quality Improvement Fund (QIF) (OMB 0915-0285 expiration date 04/30/2026).

Purpose:

The QIF award is one-time funding for health centers to pilot innovative, evidence-based models of care delivery with a goal to advance primary care, improve health outcomes and health equity, and promote community engagement. This award aims to disseminate scalable and sustainable strategies that can be shared with HRSA leadership, Health Center Program, and stakeholders.

The purpose of this request is to make changes to the awardee progress report for QIF – Transitions in Care for Justice-Involved Populations (QIF-TJI). These proposed changes will enable HRSA to synthesize data collection and project evaluation. These overall changes to the progress report organize and enhance data collection on patient, encounter, activity domains, sustainability, and scalability while reducing burden with pre-populated responses.

This memo explains the changes and supporting rationale.

Changes:

Instruments:

Table A includes the progress report with the proposed changes, the variable name which was altered/added, a description of the change, and the rationale for the change. Attached is the monthly progress report, cleaned and redlined versions, for reference.

The overall scope of change to the progress report is minimal, representing the addition of two new sentences in each activity to expand on existing content. Three new sentences have been added to collect patient and encounter activity. Two sentences (Training and Technical Assistance,

Additional Comments) have been removed from each of the five activities and will now each be collected one time thus reducing burden. All edits are to streamline and synthesize data collection.

Progress Report Material

The progress report will be distributed to QIF-TJI awardees, using Microsoft Excel or Word, and awardees will submit the report monthly to HRSA via the Electronic Handbooks (EHB) for review by HRSA Project Officers (POs). The monthly submissions will begin on January 5, 2025, and will continue throughout the 2-year project period.

CURRENT PROGRESS REPORT

The currently approved progress report has been used for prior QIF projects. QIF awardees completed and submitted the progress reports monthly on the 5th of every month via EHB for review by HRSA POs. The monthly progress reports are a reporting requirement of the QIF award, and awardees submit throughout the duration of the 2-year project period.

Progress reports are downloaded from EHB and reviewed and analyzed by HRSA POs and evaluation contractors to identify trends and best practices to share with HRSA leadership, Health Center Program, and stakeholders.

PROPOSED PROGRESS REPORT

The revised progress report will be distributed to QIF-TJI awardees, using a format in Microsoft Excel or Word, at the start of the project period on **December 1, 2024**. Awardees will be expected to submit the progress report monthly via EHB on the 5th of every month beginning January 5, 2025. This monthly report, which is condition of the QIF-TJI award, will be submitted to HRSA for the duration of the project period.

Progress reports will be downloaded from EHB, reviewed, and analyzed by HRSA POs and evaluation contractors to identify trends and best practices to share with HRSA leadership, Health Center Program, and stakeholders.

We believe these changes are necessary to organize and synthesize data collection, analysis, and evaluation.

Time Sensitivity: The data collection changes must be completed in a timely manner to ensure this report can be deployed shortly after the start of the QIF-TJI

project period. Approval of these changes is needed by December 6, 2024, to implement these changes shortly after the start of the project period and maintain consistent data collection tools throughout the duration of the project.

Burden: These changes included herein do not substantially change the estimated reporting burden for health centers. Burden estimate is expected to remain unchanged. These changes allow HRSA to accurately capture QIF-TJI awardee health center project data.

PROPOSED CLARIFICATIONS AND NON-SUBSTANTIVE CHANGES:

Table A

Instrument	Variable	Change implemented	Rationale
Progress Report – Quality Improvement Fund (QIF)	Progress Report Instructions	Language added to clarify "You will report on the same activities throughout the project period".	This language was added to indicate awardee activities will remain unchanged throughout the project period. This will ensure project activity can be monitored and evaluated consistently for the duration of the QIF funding period.
	Progress Report Instructions	Language added – "You will report on project progress for patient and encounter activity".	This language was added to indicate that awardees will report data on patient and encounter activities.
	Number of New Patients	Added a field to collect number of new patients (initial contact) during the reporting period.	The incorporation of this data collection field facilitates timely project monitoring of awardee patient and encounter activities. This creates parallel system for capturing patient data. Since awardees will need to maintain accurate records on an ongoing basis for this patient population, we do not anticipate an increase in awardee burden. Background: QIF-TJI awardees will have encounters with patients in carceral settings during pre-release status. Per UDS guidelines, patients seen in pre-release status are not established

			health center patients and thus, cannot be counted in UDS. All awardees will be advised to maintain accurate and timely records on encounters (dates of service, services rendered) with patients during this pre-release status.
	Number of Total Patients	Added a field to collect number of total patients during the reporting period.	The incorporation of this data collection field facilitates timely project monitoring of awardee patient and encounter activities. This creates parallel system for capturing patient data. Since awardees will need to maintain accurate records on an ongoing basis for this patient population, we do not anticipate an increase in awardee burden. Background: QIF-TJI awardees will have encounters with patients in carceral settings during pre-release status. Per UDS guidelines, patients seen in pre-release status are not established health center patients and thus, cannot be counted in UDS. All awardees will be advised to maintain accurate and timely records on encounters (dates of service, services rendered) with patients during this pre-release status.
	Number of Total Patient Encounters	Added a field to collect number of total patient encounters (in person or virtual) during the reporting period.	The incorporation of this data collection field facilitates timely project monitoring of awardee patient and encounter activities. This creates parallel system for capturing patient data. Since awardees will need to maintain accurate records on an ongoing basis for this patient population, we do not anticipate an

			increase in awardee burden. Background: QIF-TJI awardees will have encounters with patients in carceral settings during pre-release status. Per UDS guidelines, patients seen in pre-release status are not established health center patients and thus, cannot be counted in UDS. All awardees will be advised to maintain accurate and timely records on encounters (dates of service, services rendered) with patients during this pre-release status.
	Training and Technical Assistance (T/TA)	This language was removed from each of the five activities on the form. It will be captured just once at the start of the progress report form.	This question was duplicative and collected in each of the 5 project activities. Collection of T/TA needs once per progress report is sufficient thus, reducing burden.
	Additional Comments	This language was removed from each of the five activities on the form. It will be captured just once at the start of the progress report form.	This question was duplicative and collected in each of the 5 project activities. Collecting additional comments once per progress report is sufficient thus, reducing burden.
	Description	Revised language to remove "indicating if this activity reflects a change to your proposed project plan form".	This language was duplicative and is captured in the Section B.
	Activity in the Project Plan Form	Original question was fragmented. Created a separate data collection field (Section B). Revised to provide clarity and instruct user to select a "yes" or "no" option.	Organized fields and added radio button to provide clarity for data collection question and response.
	Primary QIF Domain	Revised question to include QIF domains (access to care, clinical quality and health outcomes, reduce health disparities, sustainability) for user to select. Added language that user should choose "from the dropdown list". As the question below is being inserted for an additional domain, the work	Adding the list of domains for user to select streamlines data collection, evaluation, and analysis and reduces burden for user to write in responses.

		"Primary" was added to the header for this question.	
	Secondary QIF Domain	This question is being added for a user to select a secondary domain for each activity, if applicable.	Current QIF awardees identify that project activities may address more than one QIF domain. The addition of this question will allow awardees to select more than one domain, if applicable. Providing the list of domains for user to select streamlines data collection, evaluation, and analysis and does not increase burden.
	Activity Status	Added language to "select" activity status "at the end of the reporting period from the dropdown list". Removed language instructing user "if the activity is not complete, describe any progress you anticipate making on this activity during the next reporting period". Changed last response option to read as "started but will not be completed in the project period". Added response options "planned but not yet started and discontinued or stopped – please explain in the comments."	Added language to clarify the activity status as related to the reporting period and instructed user to select options from a dropdown list. Background: QIF projects are two-year grants with varying speeds of implementation. Adjusting options to note where activities will not be completed by the end of the project enables HRSA staff to better monitor activities and provide TA and support where indicated. Added additional response options for more specificity on project activities. Awardees may have planned activities but may be unable to implement them especially at the start of the project period.
	Challenges	Added "e.g., unanticipated delays, delays in personnel hiring" to provide examples of project activity challenges	Added this language to provide concrete examples of possible challenges QIF awardees could experience.
	Successes	Added "facilitators of success"	Added language to enhance data collection ensuring that HRSA captures facilitator (ideas, workflows, processes, etc.) that support project implementation.
	Sustainability	Added specific question to identify	This additional question complements question G -

		sustainable activities. "Is this a sustainable activity for your health center? Select "Yes", "No", or "Unsure" from the dropdown list. Sustainability refers to the extent health centers can maintain and continue delivering care over the long term (post-QIF funding)".	Successes. The prior data entry on successes will capture qualitative data which may be subjective data entered. The addition of this quantitative question enables HRSA to identify, evaluate, and analyze sustainable QIF-TJI activities.
	New Discoveries	Removed variable "Unexpected Results" Added examples of observations and/or trends that may be applicable to QIF-TJI awardee projects.	Unexpected results is redundant. The language was reworded for conciseness to capture trend and observations that could be sustainable and scaled aligning with QIF goals. Examples of observations and trends were inserted.
	Partnerships Collaboration	Revised language **"**Describe any new or existing relationships **(e.g., community/local/state organizations, other health centers, schools, companies)** your organization has **leveraged to enhance case management and complete project activities.** Please describe how this collaboration impacted your project **activities and patient population and/or community members**".	Inserted example of awardee partnerships. Added language specific to case management since this is a focus for this project. Added language to capture how partnerships impact patients as well as community members.

Attachments:

- Progress Report – Quality Improvement Fund (QIF) – Marked
- Progress Report – Quality Improvement Fund (QIF) – Clean