Supporting Statement A

Small Health Care Provider Quality Improvement Program
OMB Control No. 0915-0387 - Revision

Note: OMB control number prefix will change to 0906- after OMB approval.

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 for a revision of the current OMB approved performance measures form. This form collects information on grantee activities for the Small Health Care Provider Quality Improvement (SHCPQI) Program electronically. These measures last received OMB review and approval under OMB Number 0915-0387 and have a current expiration date of July 31, 2024.

For this program, performance measures were drafted to provide data to the program and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993 (P.L. 103-62, Section 1116). These measures cover the topic areas of interest to FORHP, including: (1) access to care, (2) population demographics, (3) staffing, (4) consortium/network, (5) sustainability, and (6) project specific domains. FORHP collects this information to quantify the impact of grant funding on access to health care, quality of services, and improvement of health outcomes. FORHP uses the data for program improvement and grantees use the data for performance tracking.

2. Purpose and Use of Information Collection
The data collection for FORHP's SHCPQI Program is conducted with the purpose to provide HRSA's FORHP with information on impact of grant to determine how well funding utilized is meeting the needs of implementing quality improvement activities in a primary care setting.

Collected annually, the data provides quantitative information about the program's awarded project characteristics including measurement of (a) access to care; (b) population demographics; (c) staffing (d) consortium/network; (e) sustainability, (f) quality improvement implementation strategies, (g) clinical outcomes and (h) utilization.

This information enables HRSA FORHP to best assess the success of the program using programmatic criteria including:

- The demographic characteristics of the population served through the program.
- The types of sustainability efforts initiated to maintain improvements once grant funding has ended.
- The types of quality improvement activities and services utilized strengthened or expanded through the program.
- Population health management, as indicated by improved clinical quality measures.
- The types of partnerships, networks and/or consortiums supportive of successful outcomes leveraged within program.

The data collection responds to the needs of the SHCPQI Program, specifically, the data:

- Provides uniformly defined data for major FORHP grant programs.
- Yields information on rural quality improvement initiatives in the primary care setting which 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 SHCPQI grantees and determination of how funding has improved the characteristics and outcomes mentioned above.

Lack of such data would also impede future efforts to create resources and funding opportunities that are able to address the gaps and healthcare needs presented in the data.

3. Use of Improved Information Technology and Burden Reduction

This information collection is fully (100 percent) electronic. HRSA will be using a web-based data collection platform to house the data collection instrument as well as allow grantees to electronically submit their data. Response data will be automatically, electronically transmitted to HRSA.

Data will be collected through and maintained in a web-based data collection platform managed by HRSA connected to electronic systems that all HRSA grantees are required to use. 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.

4. Efforts to Identify Duplication and Use of Similar Information

There are no other existing data sources that track rural quality improvement efforts in

the primary health care setting.

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.

HRSA FORHP plans to update this data collection as part of future revisions   to reflect SPD 15 guidelines. Updating the data system used to collect this information to reflect this change cannot be completed until a revision package is submitted for the programs' next competitive funding cycle 's next in 2026. This is for the following reasons:

- HRSA's ability to analyze program data over time requires 4 years of data collection through this Information Collection Request. The data collection remains mid-cycle for this program under this current request.

- HRSA needs this time to determine the best approach for implementing the guidance (e.g., using the minimum categories versus the expanded categories) and determining how to make these changes consistently across FORHP programmatic collections.

- HRSA needs this time to determine how to incorporate these changes into existing data collection systems.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day notice published in the **Federal Register** on February 05, 2024, vol. 89, No. 24; pp. 7724-25. There were no public comments.

Section 8B:

Updated: 11/30/2023

To create a final set of performance measures that are useful for all program grantees, a set of measures was sent to three awardee small health care providers in 2024.

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**

Race/ethnicity is the only sensitive information collected for the SHCPQI measures. HHS requires that race <u>and</u> ethnicity be collected on all HHS data collection instruments. Information for this section is collected in a way in which patient identity remains anonymous.

The collection of this information aids in informing the programmatic population demographics to appropriately identify and maintain culturally sensitive and competent approaches to services and activities are conducted through SHCPQI Program implementation.

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 number of respondents is based on the number of current grantees, who respond once per year. The total burden hours were estimated by reaching out to three current grantees from the program, as described in Section 8B. The estimates provided were based on the amount of time it takes to review data collection instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. These grantees were sent a draft of the questions that pertain to their program and were asked to estimate how much time it would take to answer the questions. Based off their feedback, the Average Burden per response (in hours) was estimated to be 13.5 hours, as shown in the table below.

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 current data collection system. The burden has increased because of project personnel changes and resulting training needs of new hires common among rural healthcare workforce in small health provider quality improvement.

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
SHCPQI Project Director	SHCPQI PIMS	21	1	13.5	283.5
Total		21	1	13.5	283.5

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. The hourly median wage is multiplied by 2 to account for overhead costs.

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	283.5	$100.80	$28,576.8
Total				$28,576.8

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 and other overhead costs.

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

Updated: 11/30/2023

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

The SHCPQI Program is a multi-year program. The estimated annual cost of using existing Federal staff for data analysis and reporting is $2,088.45 per year (2 Federal staff at 25.5 hours per year, $27.30 per hour at a GS-11, 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

There is an increase in the number of burden hours from 168 hours to 283.5 hours. This is due to an increase in the average burden per response from 8 hours to 13.5 hours. This was done based off consultation with three current awardees, described in Sections 8B and 12. There are no changes to the instrument itself.

16. Plans for Tabulation, Publication, and Project Time Schedule

Data collected for the SHCPQI Program can be published, as appropriate, in compliance with the OPEN Government Act. HHS and HRSA are working on mechanisms that would facilitate increased data sharing. HRSA additionally intends to comply with the Access to Congressionally Mandated Reports Act, which requires for statutorily required reports to Congress to be made available to the public.

The data collected may also be used on an aggregate program level to document the impact and success of programs and may also be included in presentations used for rural stakeholders. This includes the annual FORHP rural stakeholder presentation, which is open to the public 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.

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