# Supporting Statement A

# Rural Health Care Coordination Program
# Performance Improvement Measurement System

# OMB Control No. 0906-0024-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. This activity will collect information for the Rural Health Care Coordination Program to provide HRSA with information on grant activities under this program.

The Federal Office of Rural Health Policy (FORHP) is requesting a revision to the performance improvement measures as there have been slight changes since the last OMB approval. The proposed changes include additional components under Access to Care, and Population Demographic sections that seek information about the target population, counties served, direct services, and social determinants of health such as transportation barriers, housing, and food insecurity. Questions about Health Information Technology and Telehealth have also been modified to reflect an updated telehealth definition and to improve understanding of how these important technologies are affecting HRSA award recipients. Previously titled "Care Coordination" and "Quality Improvement" sections were consolidated into one section titled "Care Coordination and Network Infrastructure" to improve clarity and ease of reporting for respondents. Part of the previous "Care Coordination" section was revised to include a section titled "Utilization" to improve clarity of instructions for related measures. Previously titled "Staffing" section was revised to "Leadership and Workforce Composition" to improve measure clarity and reduce the overall burden for respondents by consolidating measures from previously separate "Staffing", "Quality Improvement" and "Care Coordination" sections. Revised National Quality Forum and Centers for Medicare & Medicaid Services measures

were also included to allow uniform collection efforts throughout the Federal Office of Rural Health Policy.

The Rural Health Care Coordination (Care Coordination) Program is authorized under 42 U.S.C. 254c(e) (Section 330A(e) of the Public Health Service Act) to promote rural health care services outreach by improving and expanding the delivery of health care services through comprehensive care coordination strategies addressing a primary focus area: 1) heart disease; 2) cancer; 3) chronic lower respiratory disease; 4) stroke; or 5) maternal health. This authority permits the Federal Office of Rural Health Policy to award grants to eligible entities 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. For this program, performance measures were drafted that would enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993, P.L. 113-62, Section 1116.

## 2. Purpose and Use of Information Collection

The FORHP is proposing to conduct an annual data collection of user information for the Rural Health Care Coordination 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 and improving access to quality, coordinated health care services in rural communities. These measures cover the principal topic areas of interest to the FORHP including: (a) access to care; (b) population demographics and social determinants of health; (c) care coordination and network infrastructure; (d) sustainability; (e) leadership and workforce; (f) electronic health record; (g) telehealth; (h) utilization; and (i) clinical measures/improved outcomes. Several measures will be used for the Care Coordination Program. All measures will speak to FORHP's progress toward meeting the goals set.

This assessment will provide useful information on the Care Coordination program and will enable HRSA to assess the success of the grant funding. It will also ensure that funded organizations have demonstrated adequate outreach and service delivery activities in their communities and that federal funds are being effectively used to support and sustain health care services.

The type of information requested in the Care Coordination Program enables FORHP to assess the following characteristics:

- The number of individuals benefitting from the services provided by the grantees,
- Health care service delivery system changes
- Population health outcomes
- The degree of sustainability by each grantee
- The types of care coordination activities accomplished by each grantee
- Progress on clinical measures and improved outcomes related to key chronic conditions

The database can identify and respond to the needs of the Rural Health Care Coordination 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 Care Coordination 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 information collection is fully (100 percent) electronic. HRSA will be using a web-based platform to house the data collection instrument as well as allow awardees to electronically submit their data. Response data will be automatically, electronically transmitted to HRSA.

**4. Efforts to Identify Duplication and Use of Similar Information**

There are limited data sources available that tracks the characteristics of rural entities who are doing care coordination and service delivery activities. During the process of creating the measures, FORHP did do research on care coordination in rural communities more largely, to create the measures. During the development of the HRSA-23-125 notice of funding opportunity announcement, research on evidence-based care coordination strategies and their impact on population health outcomes was compiled into a program concept paper. For example, research showed that rural residents are more likely to die from the five leading causes of death - heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke than their urban counterparts. Additionally, when care is poorly coordinated, such as inappropriate follow-up care, patients who see multiple care providers can face medication errors, hospital readmissions, and avoidable emergency department visits. These specific findings informed the inclusion of measures in Section 3: Care Coordination and Network Infrastructure, Section 8: Utilization, and Section 9: Clinical Measures/ Improved Health Outcomes. The most recent CMS and NQF clinical indicators were also reviewed to appropriately update Section 9: Clinical Measures/Improved Health Outcomes.

**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 annually during their four-year budget period. This information is needed by the program, FORHP and HRSA, in order to measure effective use of grant dollars to report on progress toward strategic goals and objectives. There are no legal obstacles to reduce the burden.

**7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The aggregate totals for race and ethnicity are being collected and this data collection uses the "minimum categories" based on the SPD-15 guidance. The potential benefit of the detailed race and ethnicity data would not justify the additional burden to the public or the additional risk to privacy or confidentiality for rural communities. FORHP awardees serve rural communities, in where there are limited resources and infrastructure to collect detailed race/ethnicity data. Additionally, FORHP will need additional time to determine how to consistently across collect this across FORHP programs.

**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 January 17, 2024, vol. 89, No. 11; pp 2960-2961.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 three or less participating grantee organizations in 2024.

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

Respondents will not receive payment or gifts and will not be remunerated.

**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 form for program activities. Data will remain private to the extent allowed by the law.

**11. Justification for Sensitive Questions**

The aggregate totals for race and ethnicity are being collected and this data collection uses the "minimum categories" based on the SPD-15 guidance. Collecting aggregate data on race/ethnicity as well as various social determinants of health

(inc. economic assistance benefits) allows FORHP to assess the impact of this program, which focuses on care coordination in rural communities. Care coordination is integral to increasing access to care for rural communities, especially among health disparity populations.

## 12. Estimates of Annualized Hour and Cost Burden

### 12A. Estimated Annualized Burden Hours

| Type of Respondent | Form Name | Number of Respondents | Number of Responses per Respondent | Total Responses | Average Burden per Response (in hours) | Total Burden Hours |
|---|---|---|---|---|---|---|
| Rural Health Care Coordination Project Director | Rural Health Care Coordination Grant Program Performance Improvement Measures | 10 | 1 | 10 | 48.67 | 486.70 |
| | Total | 10 | 1 | 10 | 48.67 | 486.70 |

The number of respondents is based on the number of current grantees. The number of responses per respondent is based on the fact that they will be providing the data once a year. The estimated average burden hours per response was determined by consultations with three (3) current grantees from the program. They were asked to estimate how much time it would take to review the PIMS instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An average of the three estimates were calculated to determine the average burden response.

The average burden per respondent has increased due to a new cohort of awardees who were funded. The increase in burden is also largely 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 with multiple partners across different organizations also reported higher burdens due to the additional time needed to coordinate data in order to meet this annual data collection. The increase in burden hours also aligns with the requested

metrics that better reflects the program scope and intent in the notice of funding opportunity announcement, HRSA-23-125.

## 12B.

**Estimated Annualized Burden Costs**

| Type of Respondent | Total Burden Hours | Hourly Wage Rate (x2) | Total Respondent Costs |
|---|---|---|---|
| Project Director | 486.70 | $ 100.80 | $49,059.36 |
| Total | 486.70 | $ 100.80 | $49,059.36 |

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

Bureau of Labor occupation code 11-911: Medical and Health Services Managers was utilized to determine the median hourly wage. Occupation code 11-911: Medical and Health Services Managers is most related to the "Project Director" role, responsible for completing and submitting the performance improvement measures in the HRSA web-based platform.

## 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 Care Coordination program is a multi-year program. The estimated annual cost of using existing Federal staff for data analysis and reporting is $6,104.16 per year (1 federal staff at 72 hours per year at $ 84.78 per hour at a GS-13, Step 1 salary level, locality pay area Washington-Baltimore-Arlington, hourly wage multiplied by 1.5 to account for overhead costs).

## 15. Explanation for Program Changes or Adjustments

This request involved revisions to the currently OMB approved package. The proposed revisions include additional components to the performance improvement measures under sections Access to Care, and Population Demographic sections that seek information about the target population, counties served, direct services, and social determinants of health such as transportation barriers, housing, and food insecurity. Questions about Health Information Technology and Telehealth have also been modified to reflect an updated telehealth definition and to improve understanding of how these important technologies are affecting HRSA award recipients. Previously titled "Care Coordination" and "Quality Improvement" sections were consolidated into one section titled "Care Coordination and Network Infrastructure" to improve clarity and ease of reporting for respondents. Part of the previous "Care Coordination" section was revised to include a section titled "Utilization" to improve clarity of instructions for related measures. Previously titled

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The burden has increased due to a new cohort of awardees who were funded. The increase in burden is largely 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 with multiple partners and programs across different organizations also reported higher burdens due to the wait time in between requests. The increase in burden hours also aligns with the requested metrics that better reflects the program scope and intent in in the notice of funding opportunity announcement, HRSA-23-125.

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

Regarding data collection and publication, the data collected for the Rural Health Care Coordination Program can be published as appropriate in compliance with the OPEN Government Data Act. HHS and HRSA are working on mechanisms that would facilitate increased data sharing. HRSA is in the process of developing a Data Sharing Policy which will provide guidance to HRSA staff who seek to share and/or publish data to the public. Elements of the forthcoming Data Sharing Policy will include (1) clarification around the approvals necessary for making data available to the public; (2) requirements for protection of PII and how best to address relevant privacy concerns when publishing data publicly; and (3) cost considerations and potential alternative mechanisms for hosting public-facing data online (as this is often cost-prohibitive). The Data Sharing Policy is currently in the information gathering phase and is anticipated to be finalized and implemented, as one element of a multi-faceted HRSA-wide data governance policy under development, within the next 2 years.

The data may be used on an aggregate program level to document the impact and success of the program. This information may also be included in presentations used for rural stakeholders, including the annual FORHP rural stakeholder presentation which highlights the prior fiscal year's activities. These presentations are open to the public.

**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.