OMB Number: 0906-0009
Expiration date: 1/31/2028

Federal Office of Rural Health Policy
Community-Based Division
Rural Health Care Services Outreach Program
Performance Measures

Public Burden Statement: This collection seeks to compile data that may be useful in the continued improvement of the Rural Health Care Services Outreach Program. The measures are utilized by FORHP to capture the impact and scope of HRSA's FORHP funding on rural communities. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0009 and it is valid until 1/31/2028. This information collection is required to obtain or retain a benefit (Government Performance and Results Act of 1993, P.L. 113-62, Section 1116). Data will be kept private to the extent allowed by law. Public reporting burden for this collection of information is estimated to average 8.75 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.

I. SECTION: CAPACITY/ORGANIZATIONAL INFORMATION:

This section is applicable to ALL Outreach grantees.

Table Instructions: This table collects information/data about the grant's programmatic capacity and organizational information.

1. Counties served by this consortium/network under the Rural Health Care Services Outreach Program.

2. How many organizations are members of your Rural Health Care Services Outreach Program consortium/network during the [specify] budget period? You will be responsible for answering Questions 3–12 for each consortium/network member, regardless of whether the organization receives funding from the Rural Health Care Services Outreach Program.

For each consortium/network member organization, provide the following information regarding the organization's location and services provided. If the organization is not funded by the Rural Health Care Services Outreach Program, indicate "Not funded" where applicable.

3. If this organization does not receive funds directly paid for from the Rural Health Care Services Outreach Program select "Not funded".
4. Organization Name
5. Street Address
6. City
7. State/Territory
8. Zip code
9. Organization Type
   - Hospital - Critical Access Hospital (CAH)
   - Hospital – Rural non-CAH (including SCH, PPS, MDH, etc.)
   - Hospital – Urban

- Rural Emergency Hospital
- Health Center (including FQHCs, LALs)
- Rural Health Clinic
- Mental and/or behavioral health organization, practice, or provider
- State Office of Rural Health (SORH)
- School/Higher Ed (e.g. high school, community college, technical school, university)
- Community-based organization
- Faith-based organization
- Tribe/Tribal organization/Tribal healthcare facility
- Other (Specify)

10. What is your CMS Certification Number? (Hospitals, RHCs)
11. Is this organization a service delivery site for the Rural Health Care Services Outreach Program?
12. If services are delivered at this site for the Rural Health Care Services Outreach Program, indicate whether the listed service is offered at the site within the current reporting period. Select all that apply.
    - Clinical services
    - Health, social support, or wrap around services
    - Clinical services, maternal health specifically
    - Clinical services, mental and behavioral health specifically
    - Other (specify)

13. Report the number of positions supported and number of newly hired unduplicated personnel funded by the Rural Health Care Services Outreach Program (during this report's budget period).
    Total number of positions supported:
    Full-Time Equivalents (FTEs):
    Partial FTEs:
    Total number of newly hired personnel:
    Full-Time Equivalents (FTEs):
    Partial FTEs:
14. How many clinicians does this funding support (during this report's budget period)?
15. How many behavioral health providers does this funding support (during this report's budget period)?

WORKFORCE TRAINING

1. During this report's budget period, how many trainings have been offered?
2. During this report's budget period, how many trainees have completed trainings that have been offered through this grant?

II. SECTION: ACCESS/POPULATION DEMOGRAPHICS

This section is applicable to ALL Outreach grantees.

Table Instructions: This table collects information/data about the grant's access and population demographics information. There should not be N/A (not applicable) response since the measures are applicable to all grantees.

1. Report the total number of individual people served/trained. (*Report the number of unique, unduplicated patients/clients/individuals that received direct services from your organization during this budget period*.)
2. Number of people in the target population. Note: This is the number of people in your target population, but not the number of people who actually received your direct services. This should be consistent with the figures reported in your grant application.
3. Total number of people served by race/ethnicity.
    a. Number of individuals served by ETHNICITY:
        - Hispanic or Latino
        - Not Hispanic or Latino
        - Unknown
    b. Number of individuals served by RACE:
        - American Indian or Alaska Native
        - Asian
        - Black or African American
        - Native Hawaiian or Other Pacific Islander
        - White
        - More than one race
        - Unknown
4. Total number of people served by age:
    - 0-17
    - 18-64
    - 65+
    - Unknown
5. Total number of people served by insurance status:
    - Private Insurance (Employer, Individual Health Insurance, Marketplace)
    - Medicaid/CHIP
    - Medicare, Medicare Advantage
    - Dual Eligible (covered by both Medicaid and Medicare)
    - VA, IHS, TRICARE
    - Uninsured
    - Unknown

III. SECTION: SUSTAINABILITY

This section is applicable to ALL Outreach grantees.

Table Instructions: This table collects information/data about the grant's programmatic sustainability. There should not be N/A (not applicable) response since the measures are applicable to all grantees.

1. Annual program revenue: Report the amount of annual program revenue made through the services offered through the program. Program revenue is defined as payments received for the services provided by the program that the grant supports. These services should be the same services outlined in your grant application work plan. Do not include donations. If the total amount of annual revenue made is zero (0), put zero in the appropriate section. [Text box, numerical value]
2. Additional Funding Secured: Report the total amount of additional funding secured during the reporting period to assist in sustaining your funded grant project after funding ends. [Text box, numerical value]
3. Sources of Sustainability: Select the type(s) of sources of funding for sustainability. Check all that apply.
   - Absorption of services or other means of in-kind support
   - Reimbursement by third party payers
   - Grant funding
   - Fees
   - Other: Describe
   - None
4. Which of the following activities have you engaged in to enhance your sustained impact? Check all that apply. *If applicable, specify the related activities for items selected in the form comment box.*
   - Local, State and Federal Policy changes
   - Media Campaigns
   - Community Engagement Activities
   - Other – Specify activity

Final Year only

5. What is your ratio for Economic Impact vs. HRSA Program Funding for the current reporting period? Specify the ratio for economic impact vs. HRSA program funding for this reporting period. Use the Economic Impact Analysis Tool (https://www.ruralhealthinfo.org/econtool) to identify your ratio for the annual economic impact for your grant project's current reporting period. [Ratio]
6. Will the network/consortium sustain after the Rural Health Care Services Outreach Program grant period ends? [Yes/No]
7. Number of program activities that will be sustained after the Rural Health Care Services Outreach Program grant period is over. [Text box, numerical value]
8. If there is at least one program activity that will be sustained after the Rural Health Care Services Outreach Program grant period is over, select how the program activities will be sustained.[check all that apply]
   - Absorption of services or other means of in-kind support
   - Reimbursement by third party payers
   - FORHP grant funding
   - HRSA grant funding (not including FORHP grants)
   - Other grant funding (not including HRSA and FORHP grant funding)
   - Fees
   - Applying for an 11-15 waiver
   - Changing Medicaid formularies
   - Increasing insurance reimbursement (both costs covered and new insurance payers)
   - Becoming a line item in a state or local budget

- Creating certification/licensing programs to facilitate workforce payments (e.g., peer recovery specialists)
- Other: describe (text box)

9. Select the following indicators of sustainability experienced by the network/consortium as a result of this funding. If you have any additional comments, enter into the comments box below.
    - Ability of the network/consortium to adapt to regional or national healthcare trends
    - Collaboration across traditional and non-traditional healthcare members within the network/consortium
    - Incorporation of the health needs of the community into the network/consortium's decision-making strategies
    - Creation of varied products and services that meet the needs of the target population and network/consortium members
    - Creation of varied revenue streams that include member dues, fee for services and product sales
    - Utilization of an evaluation plan to assess progress towards program goals and objectives
    - Absorption of the services provided from this funding into the routine operations of network/consortium members, without requiring additional funding support
    - Participation in the Rural Health Public-Private Partnership and/or Rural Health Aligned Funding Initiative
    - Other indicator(s) (Specify)

IV. SECTION: PROJECT SPECIFIC DOMAINS

The following measures are not applicable to all grantees. Grantees should report only on measures that are relevant to their funded program activities.

A. CARE COORDINATION

This section applies only to projects that received Outreach Program funding to support care coordination activities under this grant. This section also includes grantees funded under the HRHI program track, if applicable.

Table Instructions: If your project supported grant funded care coordination activities, select the mechanisms/activities that were implemented during the reporting period. For the purposes of this reporting, care coordination is defined as the deliberate organization of patient care activities and the sharing of information among all participants concerned with a patient's care to facilitate appropriate delivery of health care services across the broader health care system.

- If your grant supported care coordination activities but the requested information is unavailable, **select or enter "DK" (Do Not Know) as your response.**
- If your grant did not support care coordination activities during the reporting period, **leave this section blank.**

1	**Care Coordination Activities** Which of the following care coordination mechanisms/activities have you implemented during this budget year? Select all that apply**.**	**End of Budget Period (Yrs. 1-4)** ***Selection List***
	Facilitate transitions across settings	

	Linkage to community resources	
	Referral management, tracking and follow-up *(includes primary, dental, mental and other specialty services)*	
	Patient support and engagement	
	Case management	
	Create care plans	
	Multidisciplinary Care Team(s)	
	Medication management	
	Other – *please specify*	

B. HEALTH PREVENTION AND SCREENING

This section is only applicable to projects receiving Outreach funding for community health prevention and screening activities. This section also includes grantees funded under the HRHI program track, if applicable.

Table Instructions: This table collects information on the number and types of grant-funded health prevention and screening activities provided to rural residents, as well as the associated outputs. Please refer to the definition of "Preventive Health Activities" provided in the Appendix when completing this section.

- If your grant supported preventive health and screening activities but the requested information is unavailable**, select or enter "DK" (Do Not Know) as your response.**
- If your grant did not support preventive health and screening activities during the reporting period, **leave this section blank.**

	Preventive Health Activities	**End of Budget Period (Yrs. 1-4)** ***Number***
1	Total number of preventive health screenings or activities held in clinical and non-clinical settings	
2	Total number of participants who received preventive health screenings or activities *and* were referred to a health care provider for follow-up care.	

C. BEHAVIORAL HEALTH

This section is only applicable to projects receiving Outreach funding for mental health activities. This section also includes grantees funded under the HRHI program track, if applicable.

Table Instructions: This table collects information on the aggregate number of individuals who received grant-funded mental health and/or behavioral health services during the reporting period. Report the number of unique individuals receiving these services as an unduplicated count of persons who received direct services. The reported total should not exceed the total number of unique individuals receiving direct services under the grant.

- If your grant supported mental health and/or behavioral health activities but the requested information is unavailable, **select or enter "DK" (Do Not Know) as your response.**
- If your grant did not support mental health and/or behavioral health activities during the reporting period, **leave this section blank.**

1	**Mental and/or Behavioral Health Services**	**End of Budget Period (Yrs. 1-4)** ***Number***
	Services Provided Number of people receiving mental and/or behavioral health services (among the unique individuals receiving direct services).	*Should not exceed the # of unique individuals receiving direct services*
2	**Integration of Primary Care and Mental and/or Behavioral Health Services** If your project included activities that integrated primary care and mental/behavioral health services during the reporting period, please select from the list below all that apply.	**End of Budget Period (Yrs. 1-4)** ***Selection List***
	Care team expertise – develop a unified care plan that builds a team—with necessary members and functions—to care for a given patient	
	Clinical workflow – clinical protocols and workflows are clearly documented for integration of care	
	Patient identification – establish systematic methods to identify individuals for integrated care	
	Clinical outcomes – monitor patient's clinical outcomes to assess impact of integration of care	
	Other – *please specify*	

D. ORAL HEALTH

This section is only applicable to projects receiving Outreach funding for oral health activities. This section also includes grantees funded under the HRHI program track, if applicable.

Table Instructions: This table collects information on the aggregate number of individuals who received grant-funded oral health services during the reporting period. Report the number of unique individuals receiving these services as an unduplicated count of persons who received direct services. The reported total should not exceed the total number of unique individuals receiving direct services under the grant.

- If your project supported grant-funded dental and/or oral health activities but the requested information is unavailable, **select or enter "DK" (Do Not Know) as your response.**

- If your grant did not support dental and/or oral health activities during the reporting period, **leave this section blank.**

1	**Number of Individuals who Received Oral Health Services**	**End of Budget Period (Yrs. 1-4)** ***Number***
	Please report the number of individuals who received oral health services during the reporting period (among the total number of unique individuals receiving direct services)	*Should not exceed the # of unique individuals receiving direct services*
2	**Type(s) and quantity of oral health services provided.** Please report the number of persons who received oral health services during the reporting period for each oral health service category listed. Please respond N/A for "not applicable" for any services your grant project did not fund.	**End of Budget Period (Yrs. 1-4)** ***Number***
	Screenings / Exams	
	Sealants	
	Varnish	
	Oral Prophylaxis	
	Restorative	
	Extractions	
	Health education	
	Other (please specify):	

E. WORKFORCE/ RECRUITMENT & RETENTION

This section is only applicable to projects receiving Outreach funding for student/resident workforce recruitment and retention. This section also includes grantees funded under the HRHI program track, if applicable.

Table Instructions: This table collects information on grant-funded student and/or resident workforce recruitment and retention activities implemented during the reporting period. Please refer to the definition of "Trainees" provided in the Appendix when completing this section.

Please refer to the detailed definitions and reporting guidelines below when completing the measures in this section. Report numeric values only.

- If the total number is zero, **enter "0" in the appropriate field**. Do not leave applicable fields blank.
- If your project supported grant-funded workforce recruitment and/or retention activities but the requested information is unavailable, **select or enter "DK" (Do Not Know) as your response.**
- If your project did not support student and/or resident workforce recruitment and retention activities during the reporting period, **leave this section blank.**

1	**Workforce Recruitment, Training & Retention**		
	Using the following table, please report the number of trainees by type that complete the trainings/rotations; this figure should not exceed the total number of all trainees recruited by type. Please also report the number of trainees by type that plan to practice in a rural area after completing their trainings/rotations. Of those trainees that completed their trainings/rotations, please specify the number that returned to formally practice in rural areas; for this measure, please report a numeric figure or indicate DK for "do not know". For example, if zero (0) students completed their trainings/rotations ***and*** returned to formally practice in a rural area, please put zero (0) in the appropriate section. If this section is applicable to your grant funded project, do ***not*** leave any sections blank.		
		STUDENTS	**RESIDENTS**
	Number of New Trainees Recruited to Work on the Program	**End of Budget Period (Yrs. 1-4)** ***Number***	**End of Budget Period (Yrs. 1-4)** ***Number***
	Number of New		
	Number of Existing		
	TOTAL	*(Automatically calculated by system)*	*(Automatically calculated by system)*
	Of the total number recruited, how many completed the training/rotation		
	Of the total number who completed the training/rotation, how many plan to practice in a rural area		

	Percentage trained that plan to practice in a rural area *(automatically calculated by the system)*	*(Automatically calculated by system)*	*(Automatically calculated by system)*
	Of the total number who completed the training/rotation, how many returned to formally practice in rural areas		
	Percentage trained that returned to formally practice in rural areas (automatically calculated by the system)	*(Automatically calculated by system)*	*(Automatically calculated by system)*
2	**Trainee Primary Care Focus Area(s):**		**Number**

	Medical	
	Mental/Behavioral Health	
	Oral Health	
3	**Trainee Discipline Type(s):**	**Selection List**
	Note that psychiatrists are either allopathic (MD) or osteopathic (DO) physicians. Also, please specify the types of non-physician practitioners, nurses, and allied health professionals as appropriate. For example, physician assistants, nurse practitioners, certified nurse mid-wives, and certified registered nurse anesthesiologists are considered non-physician practitioners. Allied health professionals include dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, pharmacists, radiographers, respiratory therapists, community health workers, and speech language pathologists. If the targeted trainee does not fall under the listed categories, please refer to the detailed definition for Allied Health Professionals and specify the discipline(s) in the Allied Health Professionals category. Please check all that apply.	
	Allied Health Professional – Please specify type(s)	
	Dentist	
	Non-physician practitioners – Please specify type(s)	
	Nurse – Please specify type(s)	
	Physician (DO)	
	Physician (MD)	
4	**Number of New Trainings/Rotations provided:**	**Number**
	Please report the number of trainings/rotations provided during the respective budget period. Please report a numeric figure. If the total number of trainings/rotations is zero (0), please put zero in the appropriate section. Do not leave any sections blank.	
5	**Number of Training Site(s) by Type:**	**Number**
	Please report the number of training sites by type where the trainings/rotations were conducted. Please report a numeric figure. If the total number of training sites is zero (0), please put zero in the appropriate section. Do not leave any sections blank	
	Critical Access Hospital	
	Other Rural Hospital (non-CAH)	
	Rural Health Clinic	
	Other Rural Clinic (non-RHC)	
	Community Health Center	
	Federally Qualified Health Center (FQHC)	
	Health Department	
	Indian Health Service (IHS) or Tribal Health Sites	
	Migrant Health Center (MHC)	
	Other Community Based Site – Please specify type(s)	

F. TELEHEALTH

This section is only applicable to projects receiving Outreach funding for telehealth services. If applicable, this section INCLUDES grantees receiving grant funding under the HRHI program track.

Table Instructions: Based on the **telehealth definition,** please complete the responses for each of the following items, as applicable.

1	**Telecommunication Technology Type**	**Selection**

	Based on the **telehealth definition**; select the telecommunication technology type(s) used in your project: (check all that apply)	
	mobile health	
	video conferencing (with or without video),	
	digital photography	
	store-and forward/asynchronous imaging	
	streaming media	
	wireless communication	
	telephone calls	
	remote patient monitoring through electronic devices such as wearables	
	mobile devices	
	smartphone apps	
	internet-enabled computers	
	specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems	

2	**Directly Served Individuals (number)**	
	Based on the **telehealth definition** please indicate the number of unduplicated patients receiving care via telehealth**.** **Note individuals who view a website or webinar should only be counted if they meet the definition of directly served.*	
	Remote clinical services* (number of encounters)	**Remote non-clinical services* (number of encounters)**

3	**Telehealth Activities**	
	Please provide selection responses for the telehealth activities indicated above for each of the following items:	
	Select box (Select all that apply)	**If checked…**
	☐ Increase billable services and organizational sustainability.	Indicate the amount billed per program year
	☐ Improve access to care through mitigating travel burden for patients.	Indicate miles saved (or indicate if services were provided in-home or at new locations (schools, libraries, clinics, etc.) and/or Indicate percent change in no-show rates
	☐ Increase access to care through providing a wider range of primary and/or specialty care services.	Indicate service types offered through telehealth

G. HEALTHY RURAL HOMETOWN INITITATIVE (HRHI) PROJECT MEASURES

This section is applicable to grantees receiving grant funding under the Healthy Rural Hometown Initiative (HRHI) track ONLY.

Instructions: The tables in this section collect information on health outcomes and estimated cost savings associated with project activities funded under the HRHI focus areas.

Please refer to the instructions provided for each individual table in this section.

- **Tables H.1-H.5:** Responses should be completed only for the sections that align with the **HRHI focus area(s) identified in your approved grant application**. More than one section may be completed if multiple focus areas apply to your project. Sections that are not applicable to your project's HRHI focus area(s) should be left blank. If a section applies to your funded project but the requested measure data are unavailable, select "DK" (Do Not Know) as your response and include an explanation in the form comment box describing why the response was reported as "DK."
- **Tables H.6:** This table is applicable to ***ALL*** HRHI funded projects.

H.1. HRHI Program - Cardiovascular Disease and/or Stroke

This section is only applicable to HRHI funded projects that include a focus on Cardiovascular Disease (CV) and/or Stroke.

Cardiovascular Disease and/or Stroke		
Table Instructions: Please complete the following measures for grant-funded HRHI participants ages 40–79 who completed an ASCVD Risk Estimator Tool during the reporting period. Please note, the ASCVD Risk Estimator is intended for use among individuals ages 40–79 who do not have a prior history of atherosclerotic cardiovascular disease (ASCVD), including heart attack, stroke, peripheral artery disease, or heart failure. **All measures are **required** for respondents to this section.*		
10-Year Cardiovascular Disease Risk		**End of Budget Period (Yrs. 1-4)**
1a	Total **number of participants *enrolled*** in your HRHI Cardiovascular Disease and/or Stroke program during the reporting period.	***Number***
1b	**Number** of participants between the ages of 40-79 who successfully ***completed*** an ASCVD risk measurement during the reporting period.	***Number***
1c	**Average estimated 10-year ASCVD risk** among program participants between the ages of 40-79 with an ***initial visit (baseline)*** ASCVD risk assessment completed during the reporting period.	***Percent (Average 10-Year Risk – Initial)***
1d	**Average estimated 10-year ASCVD risk** among program participants between the ages of 40-79 with a ***follow-up*** ASCVD risk assessment completed during the reporting period.	***Percent (Average 10-Year Risk – Follow-Up)***
1e	**Average 10-year *optimal ASCVD risk*** for program participants between the ages of 40-79 with an ASCVD risk assessment completed during the reporting period.	***Percent (Average 10-Year Optimal)***

H.2 HRHI Program - Chronic Lower Respiratory Disease (CLRD)

This section is only applicable to HRHI funded projects that include a focus on CLRD.

Chronic Lower Respiratory Disease		
Table Instructions: Please complete responses for the following measures as they relate to participants enrolled in your HRHI Chronic Lower Respiratory Disease (CLRD) program. All respondents to this section must complete the required measure response (2a).Participants who are able to report the optional measure (2b) are encouraged to do so.		
CLRD Participants **Required*		**End of Budget Period (Yrs. 1-4)** ***Number***
2a	Total **number of participants** with one or more classifications of CLRD ***enrolled*** in your HRHI CLRD program during the reporting period.	
CLRD Activities **Optional*		**End of Budget Period (Yrs. 1-4)** ***Number***
2b	Number of program participants with one or more CLRD diagnoses who ***received*** evidence-based CLRD care management services, including care coordination, patient education, and ***referral*** to appropriate follow-up or supportive services during the reporting period. ** For purposes of this measure, CLRD care management services include care coordination, disease prevention, treatment and management services, and patient education consistent with current evidence-based clinical practice guidelines for chronic lower respiratory disease.*	

H.3. HRHI Program – Cancer Prevention

This section is only applicable to HRHI participants with a project focus that includes cancer prevention.

Cancer Prevention		
Table Instructions: Please complete responses for the following measures as they relate to your HRHI Cancer Program during the reporting period. Respondents completing this section should report on all measures, as feasible and applicable to the funded project activities.		
Cancer Prevention Participants & Activities		**End of Budget Period (Yrs. 1-4)** ***Number***
3a	Total **number of participants** or individuals ***enrolled*** in your HRHI Cancer Prevention Program during the reporting period.	
3b	Total number of participants or individuals in your HRHI Cancer Program target population who were ****screened*** **for cancer and** ***referred*** **to appropriate follow-up care** during the reporting period. **consistent with current clinical guidelines for cancer screening*	
3c	Total number of participants or individuals in your HRHI Cancer Program target population with a positive cancer screen **detected in time for ****early intervention*** **as defined by clinical standards*	
3d	Total number of participants or individuals in your HRHI Cancer Program target population who ***received*** **education about cancer risk factors and prevention** during the reporting period.	

H.4. HRHI Program - Unintentional Injury/Substance Use

This section is only applicable to HRHI participants with a project focus that includes Unintentional Injury/Substance Use.

Unintentional Injury/Substance Use	
Table Instructions: Please complete responses for each of the following items as they relate to your funded grant project HRHI Unintentional Injury/Substance Use Program target population or enrolled participants, as applicable. All respondents to this section must complete the required measure response (4a) and a minimum of at least one relevant optional measure (4b-4k), as feasible and applicable for your funded HRHI grant project. Respondents who are able to report to more than one optional measure are encouraged to do so.	
Unintentional Injury/Substance Use Prevention Participants ****Required*	**End of Budget Period (Yrs. 1-4)** ***Number***

4a	Total **number of individuals** in your HRHI Program target population who **received prevention services,** education and/or training related to unintentional injury and/or substance use during the reporting period.	
Unintentional Injury **Minimum response to at least one of the following options is required. Responses are exclusive to unintentional injury focused HRHI projects (excludes substance use focus)*		**End of Budget Period (Yrs. 1-4)** ***Number***
4b	Total **number of participants** or individuals ***enrolled*** in your HRHI Unintentional Injury Prevention Program during the reporting period.	
4c	Total number of **unintentional injury related emergency department admissions** in your project's service area in the last 12 months.	
4d	Total number of **unintentional injury related fatalities** reported in your project's service in the last 12 months.	
Substance Use **Minimum response to at least one of the following options is required. Responses are exclusive to substance use focused HRHI projects (excludes other unintentional injury focus)*		**End of Budget Period (Yrs. 1-4)** ***Number***
4e	Total **number of participants** or individuals ***enrolled*** in your HRHI substance use prevention program during the reporting period.	
4f	Total number of HRHI program participants ***screened or assessed*** for substance use disorder during the reporting period.	
4g	Total number of HRHI program participants ***identified and/or positively diagnosed*** with substance use disorder during the reporting period.	
4h	Total number of HRHI program participants with substance use disorder ***referred*** to clinically appropriate substance use services and/or treatment during the reporting period.	
4i	Total number of HRHI program participants identified with a substance use disorder who successfully ***received*** clinically appropriate substance use services and/or treatment during the reporting period.	
4j	Total number of non-fatal *substance use related	

	overdoses that occurred in your project's service area in the past 12 months. * **Substance use-related overdose** includes overdose or poisoning events associated with substances relevant to the funded project focus area, including but not limited to opioids, alcohol, methamphetamine, or other substances.	
4k	Total number of fatal *substance use related overdoses that occurred in your project's service area in the past 12 months. * **Clinically appropriate substance use services** may include screening, brief intervention, referral to treatment (SBIRT), medication for opioid use disorder (MOUD), outpatient or inpatient treatment, recovery support services, or other evidence-based interventions consistent with current clinical guidelines.	

H.5. HRHI Program – Maternal Health

This section is only applicable to HRHI participants with a project focus that includes Maternal Health.

Maternal Health		
Table Instructions: Please complete responses for each of the following items as they relate to your funded grant project HRHI Maternal Health Program target population or enrolled participants, as applicable. All respondents to this section must complete the required measure response (5a-d) and a minimum of at least one relevant optional measure (5e-i), as feasible and applicable for your funded HRHI grant project. Respondents who are able to report to more than one optional measure are encouraged to do so.		
Maternal Health Participants ****Required***		**End of Budget Period (Yrs. 1-4)** ***Number***
5a	Number of women who received a service funded or coordinated by your network with HRHI support in the reporting period. Services may include maternal health-related clinical care and/or support services.	
5b	Number of patients who received at least one *prenatal care visit in the first trimester of pregnancy during the reporting period. ****Prenatal care visit:*** *A visit with a qualified maternal health care provider during pregnancy for preventive care, monitoring, screening, counseling, or treatment.*	
5c	Number of patients who delivered infant current pregnancy during the reporting period.	
5d	Number of infants identified with low birth weight or very low birthweight during the reporting period.	
Maternal Health Participants ****Optional***		**End of Budget Period (Yrs. 1-4)** ***Number***
5e	Average number of prenatal visits per patient during the reporting period.	
5f	Number of infants born to program participants during the reporting period.	
5g	Number of patients who attended one or more *postpartum visits with a medical provider within 12	

	weeks following delivery during the reporting period. *__Postpartum visit:__ *A clinical visit occurring within 12 weeks after delivery for postpartum assessment, follow-up care, or related services.*	
5h	Number of patients received at least one screening for postpartum depression within 12 weeks following delivery during the reporting period.	
5i	Number of patients with one or more *high risk medical conditions during the current pregnancy during the reporting period. ***High risk medical conditions during pregnancy** include hypertension, diabetes, substance use disorder (SUD), experiences of intimate partner violence (IPV), or any long-term physical or mental health problem with severity requiring medication during the current pregnancy.*	

H.6. HRHI Program - Health Outcomes & Cost Savings

This section is applicable to ALL HRHI participant focus areas.

Instructions: All HRHI funded projects are required to complete responses for each measure relative to your funded grant project HRHI program focus area(s)'s target population/ enrolled participants. Responses to measures should include responses for all applicable HRHI focus areas feasible to complete.

- For enrolled HRHI program target populations/participants who fall under more than one than one focus area in response to measure under this section, include these individuals/participants in the total count for ***each*** item (i.e. may appear more than once). Respective related demographic categories may reflect this count, as appropriate

- For measure responses that are applicable, but you do not know the information requested, select/enter DK (do not know) for your response. For measure responses that are not applicable to your grant funded HRHI project, please provide a response indicating 'n/a' for 'not applicable.'

Focus Area Categories: Responses to each measure should be reported separately for the applicable HRHI focus area categories listed below:

- **Cardiovascular Disease and/or Stroke (CV/Stroke)**
- **Chronic Lower Respiratory Disease (CLRD)**
- **Cancer**
- **Unintentional Injury/Substance Use (Unintentional Injury/SU)**
- **Maternal Health**

Health Outcomes

Table Instructions: Measures in this section are optional. Only HRHI grantees that are able to collect and report the requested information for their applicable HRHI focus area(s) and target population(s) should complete the measures in this section.

Unless otherwise specified, measures should be reported in accordance with the most current Centers for Medicare & Medicaid Services (CMS) electronic Clinical Quality Measure (eCQM), Merit-based Incentive Payment System (MIPS), National Quality Forum (NQF)-endorsed measure, Agency for Healthcare Research and Quality (AHRQ), United States Preventive Services Task Force (USPSTF), or other nationally recognized evidence-based clinical guidelines and technical specifications applicable during the reporting period. HRSA/FORHP reserves the right to recognize updated measure specifications, successor measures, revised technical guidance, or updated clinical practice guidelines during the applicable reporting period.

6a	**Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** CMS347/ Quality ID #438 Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or actively taking statin therapy during the measurement period.	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total Patients Aged 21 and Older at High Risk of Cardiovascular Events		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of Patients Prescribed or On Statin Therapy		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/SU
			Maternal Health

6b	**Controlling Blood Pressure** NQF 0018/CMS165 Percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement period.	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total Patients 18 through 85 Years of Age with a diagnosis of Hypertension		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/SU
			Maternal Health
	Number of patients 18 through 85 Years of Age with one or more blood pressure readings greater than 140/90		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
			CV/Stroke
			CLRD

	Number of patients whose most recent blood pressure was adequately controlled		Cancer
			Unintentional Injury/ SU
			Maternal Health

6c	**Body Mass Index (BMI) Screening and Follow-Up** NQF 0421/CMS69 Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters.	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total Patients Aged 18 and Older		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Total Patients with BMI outside normal parameters ****Normal Parameters:*** *Age 65 years and older BMI ≥23 and <30; Age 18 – 64 years BMI ≥18.5 and <25*		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of Patients with BMI Outside Normal Parameters and Follow-Up Plan Documented as Appropriate		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health

6d	**Diabetes Care - Hemoglobin A1c (HbA1c) Poor Control** NQF 0059/CMS122: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total patients 18 through 75 Years of Age with Diabetes		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of patients with HbA1c >9%		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
6e	**Diabetes Short Term Complications Admissions Rate** PQI01-AD The rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total number of people ages 18 years and older in the target service area.		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of hospital admissions among patients 18 years and older, with a principal diagnosis code for diabetes short-term complications		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
	Note: Projects should use the current ICD-10-CM diagnosis codes applicable to the PQI 01 measure specifications.		Maternal Health
6f	**Tobacco Use** NQF 0028/CMS138 Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, *and* (2) if identified to be a tobacco user received cessation counseling intervention.	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**

	Total Patients Age 18 Years and Older		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of patients identified as a current tobacco user		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of Patients screened for Tobacco Use and Provided Cessation Intervention if identified as a Tobacco User		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
6g	**Cervical Cancer Screening CMS124** Percentage of women 21–64 years of age who were screened for cervical cancer	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total Female Patients Aged 21 through 64		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of Patients who Received Cervical Cancer Screening		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
6h	**Breast Cancer Screening CMS125** Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total Female Patients Aged 50 through 74		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of Patients who Received a Mammogram for breast cancer screening		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
6i	**Colorectal Cancer Screening NQF 0034/Quality ID #113/CMS130** Percentage of patients 45 through 75 years of age who had appropriate screening for colorectal cancer	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total Patients Aged 45 through 75		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
			CV/Stroke

	Number of Patients who received Appropriate Screening for Colorectal Cancer		CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health

6j	**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment CMS137** Percentage of patients 13 years of age and older with a new episode of alcohol or other drug (AOD) use disorder who received appropriate follow-up	**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
	Total patients age 13 years and older with a new diagnosis or episode of alcohol, opioid, or other drug use disorder		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
	Number of patients who initiated AOD treatment through an intervention, medication treatment, or related service within 14 days of diagnosis		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health

Cost Savings

Table Instructions: Please complete responses for each of the following measures, as applicable and as feasible to complete, relative to your funded grant project HRHI program's target population/ enrolled participants and respective HRHI program focus area(s).

Emergency Department (ED) Admission Measures: 6k-6m (Optional)
Only HRHI grantees able to collect and report the requested information should complete measures in this section. For focus area-specific ED utilization measures, include all emergency department visits/admissions, including multiple visits or admissions for the same participant, when applicable. Participants may be counted in more than one HRHI focus area category if the ED visit/admission is associated with multiple applicable focus areas.

Cost of Delivery Measures 6n-6o (Required)
Please refer to the guidance provided by HRSA/FORHP for completing program delivery cost of per participant calculations for HRHI program

Emergency Department (ED) Use **Optional*		**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
6k	Total number of ***all cause*** of Emergency Department Visits/Admissions that occurred among **individuals within your HRHI project service area** during the past 12 months.		***n/a***
6l	Total number of emergency department visits/admissions related to the applicable HRHI program focus area occurring among individuals within the HRHI project service area during the past 12 months.		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
6m	Total number of emergency department visits/admissions occurring among HRHI program participants served within the HRHI project service area during the past 12 months, by applicable HRHI focus area.		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
Cost of Program Delivery **Required*		**End of Budget Period (Yrs. 1-4)** ***Number***	**HRHI Focus**
6n	Estimated annual HRHI program delivery cost per participant receiving grant-funded HRHI services and/or activities during the reporting period.		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU
			Maternal Health
6o	Total number of participants who received grant-funded HRHI program services and/or activities during the reporting period.		CV/Stroke
			CLRD
			Cancer
			Unintentional Injury/ SU

			Maternal Health

V. CLINICAL MEASURES

This section is applicable to ALL Outreach grantees.

Table Instructions: This table collects information about measures for the clinical outcomes of certain direct outpatient care services provided to the **unique individuals who received direct services funded by this grant during the reporting period**.

Unless otherwise specified, measures should be reported in accordance with the most current Centers for Medicare & Medicaid Services (CMS) electronic Clinical Quality Measure (eCQM), Merit-based Incentive Payment System (MIPS), National Quality Forum (NQF)-endorsed measure, Agency for Healthcare Research and Quality (AHRQ), United States Preventive Services Task Force (USPSTF), or other nationally recognized evidence-based clinical guidelines and technical specifications applicable during the reporting period. HRSA/FORHP reserves the right to recognize updated measure specifications, successor measures, revised technical guidance, or updated clinical practice guidelines during the applicable reporting period.

For all measures, the denominator should correspond to the population of unique individuals (i.e., an unduplicated count of persons) who received grant-funded direct services during the reporting period.

- If your project supported grant funded direct outpatient care services, but you are unable to complete the information for any particular clinical measure(s), **please select/enter DK (do not know) for your response.**
- If your project supported grant funded direct outpatient care services, but information requested is not applicable for a particular measure(s), **please select/enter N/A (not applicable).**
- If your project did not support direct outpatient care services, **leave this section blank.**

1	**Diabetes Short Term Complications Admissions Rate** PQI01-AD The rate of admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.	
	Number (Denominator) Total number of individuals age 18 years and older within the project service area during the reporting period..	**Number (Numerator)** Number of hospital admissions among patients age 18 years and older with a principal diagnosis code for diabetes short-term complications during the reporting period.
2	**Depression Screening** CMS2v12 Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized screening tool *and*, if screening was positive, (2) had a follow-up plan documented	

	Number (Denominator) Total patients age 12 years and older within the funded grant project target population during the reporting period.	**Number (Numerator)** Patients screened for depression using an age-appropriate standardized screening tool and, if screening was positive, had a documented follow-up plan during the reporting period.
3	**Blood Pressure** NQF 0018/CMS165 Percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90mmHg) during the measurement period.	
	Number (Denominator) Total patients ages 18–85 years within the funded grant project target population with a diagnosis of hypertension during the reporting period.	**Number (Numerator)** Number of patients within the funded grant project target population whose most recent blood pressure reading was adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg) during the reporting period.
4	**Diabetes Care - Hemoglobin A1c (HbA1c) Poor Control** NQF 0059/CMS122 Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	
	Number (Denominator) Total patients ages 18–75 years with diabetes within the funded grant project target population during the reporting period.	**Number (Numerator)** Number of patients within the funded grant project target population whose most recent HbA1c result was greater than 9.0% during the reporting period.
5	**Tobacco Use NQF 0028** NQF 0028/CMS138 Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, *and* (2) if identified to be a tobacco user received cessation counseling intervention	
	Number (Denominator) All patients age 18 years and older within the funded grant project target population who were seen for at least two visits or at least one preventive visit during the reporting period.	**Number (Numerator)** Number of patients within the funded grant project target population screened for tobacco use and who received tobacco cessation intervention if identified as a tobacco user during the reporting period. **Tobacco use includes use of any tobacco product; Tobacco cessation intervention may include brief counseling and/or pharmacotherapy consistent with current clinical guidelines.*
6	**Weight Assessment and Counseling for Children/Adolescents** NQF 0024/CMS155 Percentage of patients ages 3–17 years with documentation of: a body mass index (BMI) percentile *and* counseling on nutrition *and* physical activity.	
	Number (Denominator) Total patients ages 3–17 years within the funded grant project target population who had at least one outpatient visit with a primary care provider (PCP) or obstetrician/gynecologist (OB/GYN) during the reporting period.	**Number (Numerator)** Total patients ages 3–17 years within the funded grant project target population who had documentation of height, weight, BMI percentile, counseling for nutrition, and counseling for physical activity during the reporting period.

7	**Body Mass Index (BMI) Screening and Follow-Up** NQF 0421/CMS69 Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters (**Normal BMI Parameters:** Adults ages 18–64 years: BMI ≥18.5 and <25; Adults age 65 years and older: BMI ≥23 and <30)	
	Number (Denominator) Total patients age 18 years and older within the funded grant project target population during the reporting period.	**Number (Numerator)** Number of patients within the funded grant project target population with BMI outside normal parameters who had an appropriate follow-up plan documented during the encounter or within the previous 12 months.

Appendix A
Section Definitions

Definitions: Access to Care

Direct Services: A documented interaction between a patient/client and a clinical or non-clinical health professional that has been funded with FORHP grant dollars. Examples of direct services include (but are not limited to) patient visits, counseling and education. This includes both face-to-face in-person encounters as well as non face-to-face encounters.

Target Population: The population identified in the approved grant application and served by organizations directly engaged in grant-funded project activities.

Baseline Data: Data that is collected prior to the start of the grant project or intervention. This data will be collected 60 days after the start of the project period.

Mid-Year: Data that is collected 6 months after the start of a new project year.

First Year - Fourth Year: Data that is collected after the end of the respective budget period.

Definitions: Population Demographics Insurance Status/Coverage

Private Insurance (Employer and/or Individual Health Insurance): Health insurance provided by commercial and not for profit companies. Individuals may obtain insurance through employers or on their own.

Uninsured: Those without health insurance.

Medicare (Only): Federal insurance for the aged, blind, and disabled (Title XVIII of the Social Security Act). For the purposes of this reporting, coverage reported under Medicare, should also be inclusive of all Medicare coverage (other than dual eligible and Medicare supplemental coverage including Medicare Advantage as well as beneficiaries with supplemental coverage such as Medigap, employer sponsored or Veteran's Administration (VA) coverage).

Medicare Plus Supplemental: A Medicare Supplement Insurance (Medigap) policy helps pay some of the health care costs that. Original Medicare doesn't cover, like copayments or coinsurance. Coverage including Medicare Advantage as well as beneficiaries with supplemental coverage such as Medigap, employer sponsored or Veteran's Administration (VA) coverage.

Medicaid: is defined as State-run programs operating under the guidelines of Titles XIX (and XXI as appropriate) of the Social Security Act. For the purposes of this reporting, insurance coverage under Children's Health Insurance Program (CHIP) should be included within the reporting for this category.

Dual Eligible: Covered by both Medicaid and Medicare

Children's Health Insurance Program (CHIP): Jointly funded state and federal government program which provides health coverage to eligible children, through both Medicaid and separate CHIP programs administered by states, in accordance to federal requirements. For the purposes of this reporting, please report Medicaid (not including CHIP) separately from those including CHIP under Medicaid.

Other Third Party: Includes coverage through state and/or local government programs such as State-sponsored or public assistance programs only.

Definitions: Health Prevention & Screening

Preventive Health Activities: Activities used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health. This includes activities such as preventive health screening, counseling, immunizations and/or or medications. While preventive activities are traditionally delivered in clinical settings, preventive activities delivered in community settings such as, but not limited to, work sites, schools, residential treatment centers, or homes, is included in this definition.

Definitions: Health Prevention & Screening

Trainees: For purposes of this data collection, "trainees" refers to students and residents who are working toward completion of a professional degree, certification, or residency program.

a. New Trainees
   Trainees (students and residents) are considered "new" if they meet one or both of the following criteria:
   i. They have not previously participated in a training experience or clinical rotation in a rural community as part of their educational or residency program; and/or
   ii. They do not self-identify as having lived in, currently living in, or claiming residence in a rural area.
b. Existing Trainees
   Trainees (students and residents) are considered "existing" if they meet one or both of the following criteria:
   i. They have previously participated in a training experience or clinical rotation in a rural area prior to the current budget period as part of their educational or residency program; and/or
   ii. They self-identify as having lived in, currently living in, or claiming residence in a rural area.

Definitions: Sustainability

Annual Program Revenue: Payments received for the services provided by the program that the grant supports. These services should be the same services outlined in your grant application work plan. Please do not include donations. If the total amount of annual revenue made is zero (0), please put zero in the appropriate section.

Additional Funding: Funding already secured to assist in sustaining the project. Donations should be included in this section.

In-Kind Contributions: Donations of anything other than money, including goods or services/time.

Definitions: Consortium/Network

Consortium/Network: A consortium or network is defined as collaboration between two or more separately owned organizations. These should be consortium/network partners related directly to the implementation of the funded grant project.

Definitions: Telehealth

Telehealth: The use of electronic information and telecommunication technologies[1] to support remote clinical services[2] and remote non-clinical services[3].

1. *Telecommunication technologies* include but are not limited to: mobile health, video conferencing (with

or without video), digital photography, store-and forward/asynchronous imaging, streaming media, wireless communication, telephone calls, remote patient monitoring through electronic devices such as wearables, mobile devices, smartphone apps; internet-enabled computers, specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems;

2. *Remote clinical services* include but are not limited to: telemedicine, physician consulting, screening and intake, diagnosis and monitoring, treatment and prevention, patient and professional health-related education, and other medical decisions or services for a patient
3. *Remote non-clinical services* include but are not limited to: provider and health professionals training, research and evaluation, the continuation of medical education, online information and education resources, individual mentoring and instruction, health care administration including video conferences for managers of integrated health systems, utilization and quality monitoring;

NOTE: If a telecommunication technology, remote clinical or remote non-clinical service is missing, please reach out to your PO for further clarification.