

Supporting Statement A

Small Healthcare Provider Quality Improvement Program

OMB Control No. 0915-XXXX

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 (ORHP) is requesting OMB approval to collect information on grantee activities and performance measures electronically through the Performance Improvement and Measurement System (PIMS). This activity will collect information for the Small Health Care Provider Quality Improvement Program ("Rural Quality") to provide HRSA with information on grant activities funded under this program. These measures last received OMB review and approval under OMB Number 0915-0319 and have a current expiration date of August 31, 2014.

In its authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged ORHP with "administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas." ORHP's mission is to sustain and improve access to quality health care services for rural communities.

The Rural Quality Program is authorized by Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c f), as amended by section 201, P.L. 107-251 of the Health Care Safety Net Amendments of 2002. The purpose of the Rural Quality Program is to provide support to rural primary care providers for implementation of quality improvement activities. The goal of the program is to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting. Additional objectives include: improved health outcomes for patients; enhanced chronic disease management; and better engagement of patients and their caregivers. The Rural Quality Performance Improvement and Measurement System (PIMS) is the reporting system for the Rural Quality Program grantees. PIMS is a tool that allows ORHP to measure the impact of the grant funding.

2. Purpose and Use of Information Collection

The ORHP conducts a semi-annual data collection of user information for the Rural Quality Program. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the needs of implementing quality improvement activities in a primary care setting.

Data is collected semi-annually and provides quantitative information about the programs, specifically the characteristics of: a) the population served, b) sustainability, c) health information technology and quality improvement activities, and d) clinical outcomes.

This assessment will provide useful information on the Rural Quality Program and will enable HRSA to assess the success of the program. It will also ensure that funded organizations have demonstrated a need for services in their communities and those federal funds are being effectively used to provide services to meet those needs.

The type of information requested in the Rural Quality PIMS enables ORHP to assess the following characteristics about its programs:

- 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 health information technology and quality improvement activities strengthened or expanded through the program.

Performance on clinical quality outcome measures.

The database is capable of identifying and responding to the needs of the Rural Quality Program community. The database:

- Provides uniformly defined data for major ORHP grant programs.
- Yields information on rural health care providers 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.

3. Use of Improved Information Technology and Burden Reduction

This activity is fully electronic. Data will be collected through and maintained in a database in HRSA's Electronic Handbook (EHB). The EHB is a website that all HRSA grantees, including those for the program covered in this approval request, are required to use when applying electronically for grants using OMB approved Standard Forms. The EHB has a helpdesk feature that includes a toll-free number and e-mail address for any technical questions from grantees. As this database is fully electronic and grantees submit the data electronically via a HRSA managed website, burden is reduced for the grantee and program staff. The time burden is minimal since there is no data entry element for program staff due

to the electronic transmission from grantee systems to the PIMS; additionally, there is less chance of error in translating data and analysis of the data.

4. Efforts to Identify Duplication and Use of Similar Information

There is no other data source available that tracks the quality improvement efforts by primary care health care providers in rural areas.

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 a semi-annual basis. This information is needed by the program, ORHP 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

This project is consistent with the guidelines in 5 CFR 1320.5.

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 February 11, 2014, vol. 79, No. 28; p. 8201.

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 nine or less participating grantee organizations in 2013. The following grantees were consulted:

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Yvonne Ebbelaar
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JoAnn Hall
Project Director
Thumb Rural Health Network
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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 for program activities.

11. Justification for Sensitive Questions

There are no sensitive questions.

12. Estimates of Annualized Hour and Cost Burden

This section summarizes the total burden hours for this information collection in addition to the cost associated with those hours.

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
Rural Quality Grantee key personnel (Project Director)	Small Health Care Provider Quality Improvement Program Performance Improvement	30	2	8	480

	and Measurement System Measures				
Total		30	2	8	480

These estimates were determined by consultations with three (3) current grantees from the program. These grantees were sent a draft of the questions that pertain to their program. They were asked to estimate how much time it would take to answer the questions.

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.

12B.

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director (Medical and Health Services Managers)	16	\$43.72	\$699.52
Total	16	\$43.72	\$699.52

The hourly wage rate is from the Bureau of Labor Statistics, May 2013 National Occupational Employment and Wage Estimates United States. The rate is the median hourly wage rate for Medical and Health Services Managers (occupation code: 11-9111). Retrieved from: <http://www.bls.gov/oes/current/oes119111.htm>.

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

There is no capital or start-up cost component for this collection

14. Annualized Cost to Federal Government

Staff at ORHP monitor the grants and provide guidance to grantee project staff at a cost of \$4,136.80 per year (80 hours per year at \$51.71 per hour at a GS-13, Step 7 salary level). Retrieved from: <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2014/general-schedule/>.

15. Explanation for Program Changes or Adjustments

This is a new data collection.

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

There are no plans to publish the data. The data may be used on an aggregate program level to document the impact and success of program. This information might be used in the ORHP Annual Report produced internally for the agency.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.