

## Supporting Statement A

### Rural Health Care Coordination Network Partnership Program Performance Improvement Measurement System

OMB Control No. 0906-XXXX

#### 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 on new performance measures electronically through the HRSA Electronic Handbook (EHB). The EHB is a web-based portal that grantees use to submit information to HRSA. The Rural Health Care Services Outreach Performance Measures form is a tool that allows FORHP to measure the impact of the grant funding.

It should be noted that in its authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged FORHP 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." FORHP's mission is to sustain and improve access to quality health care services for rural communities.

The Rural Health Care Coordination Network Partnership (Care Coordination) program is authorized under Section 330A(f) of the Public Health Service (PHS) Act (42 U.S.C. 254(c)(f)), as amended, to "support the development of formal, mature rural health networks that focus on care coordination activities for the following chronic conditions: diabetes, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD)." This authority permits the Federal Office of Rural Health Policy to support grants for eligible entities to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

## **2. Purpose and Use of Information Collection**

FORHP will collect data for the FY15 Care Coordination program annually. The purpose of this data collection is to provide HRSA with information on how well each grantee is 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; (c) staffing; (d) sustainability; (e) health information technology; (f) quality improvement; (g) care coordination; and (h) clinical measures. 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 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 those 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 related to key chronic conditions

The HRSA Electronic Handbook (EHB) is capable of identifying and responding to the needs of the grantees that receive the Outreach funding. The EHB:

- Provides uniformly defined data for major FORHP grant programs.
- 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 the HRSA Electronic Handbook (EHB). The EHB is a website that the Outreach Program grantees will use to submit their data for this funding. Grantees can email or call EHB staff for help with the website. As this database is fully electronic, 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 EHB; 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 limited other 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.

### **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 three-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 request fully complies with the regulation.

## **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 November 25, 2015, Vol. 80, No. 227; pp. 73778. There were no comments.

### **Section 8B:**

In order to create a final set of performance measures that are useful for the Care Coordination grantees, a set of measures were vetted to nine or less participating grantee organizations in October 2015. The following three grantees were consulted:

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**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 form for program activities.

**11. Justification for Sensitive Questions**

There are no sensitive questions.

**12. Estimates of Annualized Hour and Cost Burden**

**12A. Estimated Annualized Burden Hours**

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 Network Partnership Grant Program Measures	8	1	8	3.5	28
Total	8	1	8	3.5	28

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 their current data collection system.

**12B. Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	28	\$53.47	\$1,497.16
Total	28	\$53.47	\$1,497.16

Source of hourly wage rate: <http://www.bls.gov/oes/current/oes119199.htm>

**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**

Annual data collection for this program is expected to be carried out at a cost to the Federal Government of \$33,000, which include electronic handbook and data collection systems cost. Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$3,309.12 per year (72 hours per year at \$45.96 per hour at a GS-13, Step 3 salary level). The total annualized cost to the government for this project is \$36,309.12.

**15. 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.

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

The expiration date will be displayed.

**17. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.