

Health Resources and Services Administration
SUPPORTING STATEMENT
Rural Health Care Services Outreach Program Performance Improvement and
Measurement System (PIMS) Measures
0906-0009
Revision

A. Justification

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA)'s Federal Office of Rural Health Policy (FORHP) is requesting continued OMB approval to collect information on grantee activities and on 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 effectiveness of the grant funding.

It should be noted that 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.

This activity collects information for the Rural Health Care Services Outreach Program ("Outreach"). The Outreach program is funded under Section 330A (e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)) to promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas. The goals for the Outreach Program are the following: (1) expand the delivery of health care services to include new and enhanced services exclusively in rural communities; (2) deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services; (3) utilize and/or adapt an evidence-based or promising practice model(s) in the delivery of health care services; and (4) improve population health, demonstrate health outcomes and sustainability.

2. Purpose and Use of the Information

The PIMS measures for the Outreach Program are utilized by HRSA to capture and gauge awardee-level and aggregate data, demonstrating the activities funded by HRSA. The information is used to illustrate the impact and scope of HRSA funding on rural communities. The data collected help inform the Outreach Program and helps identify additional areas for technical assistance.

Historically, PIMS data has been utilized to assess the facilitators and barriers to the consortium-based work of Outreach grantees. Both individual and cohort-level data has been used to identify the nuances of a successful Outreach grantee (e.g. strong consortium leadership, engagement from multiple aspects of a community, etc.) in order for HRSA to incorporate those identified elements into program and accompanying technical assistance. The barriers of an unsuccessful consortium are also used to support grantees by the areas of technical assistance provided by HRSA.

The information gathered from the Outreach PIMS is also used to inform the practices of rural communities outside of funded HRSA grants. Funded Outreach grants incorporate an evidence-based and promising practice models in their programs and PIMS data are used to support and further substantiate evidence-based and promising practice models. These models are then subsequently shared among HRSA partners, being made available to rural communities.

If the data are not collected, HRSA does not have a means of measuring the effectiveness of Outreach funding and cannot further share information regarding best practices with rural communities.

The proposed changes to this package are included as an attachment.

3. Use of Improved Information Technology

The PIMS measures are only collected electronically through the Electronic Handbooks. The measures are collected electronically in an effort to reduce burden on Outreach grantees, keeping in mind their competing priorities and additional deliverables.

4. Efforts to Avoid Duplication

There is no other data source available that tracks the characteristics of rural entities who are doing outreach and service delivery activities.

5. Involvement of Small Entities

Every effort has been made to ensure that the data requested 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 if Information Collected Less Frequently

If the information is collected less frequently, HRSA will not have up-to-date data regarding the effectiveness of HRSA funding. Collecting this data ensures that HRSA has the ability to stay informed regarding the services being provided to rural communities within the 3-year Outreach Program project period.

During the first year of the 3-year project period, Outreach grantees provide baseline data 60 days after the start of the project period. After the baseline data are collected, grantees respond to the PIMS measures on annual basis, at the completion of each project period.

Reporting on baseline data ensures a standard reporting period that is uniform across all Outreach grantees. Reporting annual data ensures that HRSA has real-time data regarding the effectiveness of HRSA funding.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

These surveys will be implemented in a manner fully consistent with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

Section 8A:

A 60-day notice was published in the Federal Register on November 27, 2017, vol. 82, No. 226, pp. 56037. There were no comments.

Section 8B:

In order to create a final set of PIMS measures that are useful for all Outreach grantees, FORHP consulted with the following Outreach grantees:

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9. Remuneration of Respondents

There will be no payments or gifts made available to respondents.

10. Assurance of Confidentiality

The data system does not involve the reporting of information about identifiable individuals; therefore, the Privacy Act is not applicable to this activity. The performance measures are used only in aggregate data form for program activities.

11. Questions of a Sensitive Nature

The PIMS measures do not collect information of a sensitive nature.

12. Estimates of Annualized Hour Burden

Respondents:

The respondents are the award recipients of the Rural Health Care Services Outreach Program (25 recipients) and will vary based on the organizations that are funded. Respondents will submit baseline data 60 days after the start of the project period and then will submit annual data thereafter. It is estimated that completion of the PIMS measures will take 3.5 hours. This burden was estimated by consulting feedback from current

Outreach grantees, as noted in question 8, regarding the time allotted for responding to the PIMS measures.

Annual burden estimates:

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Rural Health Care Services Outreach Program Performance Improvement and Measurement Systems (PIMS) Measures	25	1	25	3.5	87.5
Total	25		25		87.5

Planned frequency of information collection:

During the first year of the project period, respondents submit baseline data. After that, grantees submit data on an annual basis, at the end of each project period.

Equivalent cost of burden estimates

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	87.5	105.16	9,201.50
Total	87.5		9,201.50*

Hourly Wage Rate based on the United States Department of Labor, Bureau of Labor Statistics: (<https://www.bls.gov/oes/2016/may/oes119111.htm>)

*This amount includes the total respondent costs of 25 Outreach grantees and doubles the \$52.58 hourly wage rate to account for fringe benefits and overhead costs.

13. Estimates of Annualized Cost Burden to Respondents

There is no cost burden to respondents.

14. Estimates of Annualized Cost to the Government

Annual data collection for this program is expected to be carried out at a cost to the Federal Government of \$6,554.25. These estimated costs reflect the anticipated time and effort spent by HRSA contractors on the development and maintenance-related tasks associated with the functionality of the PIMS reporting system

FORHP staff provide guidance to grantee project staff at a cost of \$1,953.50 per year (2 hours per report, 50 hours per year at \$39.07 per hour at a [GS-12, Step 1 salary level](#)).

15. Change in Burden

The current burden inventory for this information collection request is 150 hours. This request is for 87.5 hours due to a decrease in respondents. The decrease in number of respondents reflects the amount of anticipated funding available at the time this document was prepared.

16. Plans for Analysis and Timetable of Key Activities

The data may be used on an aggregate level to demonstrate the effectiveness and key successes of Outreach grantees. This information might be used in the HRSA Annual Performance Report produced for the agency and may also be included in presentations used for rural stakeholders.

17. Exemption for Display of Expiration Date

No exemption is being requested. The expiration date will be displayed.

18. Certifications

This information collection activity will comply with the requirements in 5 CFR 1320.9.