



Dear State Offices of Rural Health colleagues,

SUBJECT: NOSORH Performance Measures Tool and Recommended Measures

Thanks to all of you who have patiently waited for more information on the NOSORH Performance Measures Tool and to those of you who have expressed interest and enrolling in the Program. Implementing a web-based NOSORH Performance Measures Tool is a milestone for NOSORH and the SORH program. We have dedicated 3 years to the development of the Program in an effort to ensure that the outcome would be of the highest quality and of great value to each SORH.

Our heartfelt appreciation for the leadership provided for the committed and active members of the NOSORH Performance Measures Committee including Gloria Vermie (IA), John Barnas (MI), Lisa Davis (PA), Mark Schoenbaum (MN), Kathy Wibberly (VA) and Sharla Allen (WY). This committee has gone above and beyond the call to duty for diligence, patience and intellect in supporting this work. We also would like to thank each of the 20 participants of the pilot project which was the backbone of the Program created.

Our goal for providing this new tool for SORH is to build the capacity of SORH to allow for easy compiling of data required through the ORHP PIMS process and to support & illustrate the work of your SORH and NOSORH to document the overall impact of SORH around the country. This is just the first step in the process of the important work of documenting the impact of SORH activities in your state and around the Nation. With your input and guidance we will continue to enhance the measures and tool to further ease the data collection and reporting of SORH.

We hope you have experienced a preview of the Performance Measures Tool, if you missed the opportunity please take time to view the webinar to learn about the Program or give me a call. Once you are ready to enroll complete the online registration through the NOSORH website, member resources section. Select a “point of contact” for your office and complete the basic information. Upon completion of enrollment the University of North Dakota staff will establish your access and provide training and support to begin utilizing the Tool.

NOSORH recommends the use of 8 core SORH functions: technical assistance, information dissemination, collection of information, supporting recruitment, supporting retention, policy activities, return on investment and dollar leveraging. Complete definitions and examples of how to use the measures to “count” SORH impact are included in Attachment 1.

The vetting of these basic measures has been informed by findings of a pilot project which demonstrated that common reporting among SORH can be beneficial to individual SORH and be

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reported at a national level. The definitions of basic measures were based on the SORH program core functions as stipulated by ORHP. The 8 identified measures are intended to be a sampling of the essential work of SORH and an illustration of critical measurable work which are consistent of the vast majority. Measures and the corresponding SORH core function are displayed in Attachment 2.

This is just a first step towards building the capacity of your SORH and NOSORH to document the impact of SORH around the nation. We appreciate your support for this important work and the contributions that you and your staff will make.

We look forward to our continuing to refine the Performance Measures Program to ensure that it provides value and enhances your work; please don't hesitate to contact me with any concerns or questions.

Sincerely,



Charles Owens
Performance Measures Committee



Teryl Eisinger
Director

ATTACHMENT 1

DATA DICTIONARY

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The dictionary attempts to provide definitions of the measures to ensure consistency of reporting among all SORH on a few core measures which relate specifically to the SORH program.

Please note that the recommended measures do not include measures of all SORH activities. Because SORH programs are so diverse, the measures may or may not be the best measure of an individual SORH's impact on these activities. SORH are encouraged to identify measures that document the impact of their overall SORH program beyond the scope of these basic measures of SORH activity.

It is important to note that no activity is to be counted more than once. In assigning the activity to a measure, that activity should be linked to the one for which the impact is the greatest.

NOSORH highly recommends that SORH use all the core measures identified for at least 6 months to allow for the demonstration of each measure. At the present time, ORHP only requires reporting on technical assistance and whether there is an identified contact for recruitment in the state; SORH who do not track all the measures may miss the impact of some of their activities. SORH who intentionally only use the technical assistance measure and recruitment measure may find the retention activities, return on investment, data collection and information dissemination of great value as well.

Category:	Technical Assistance
Relates to Program Goal	Identify Federal, State and nongovernmental programs regarding rural health and provide technical assistance to entities regarding participation in such programs.
ORHP Required	Yes
Purpose	Measure breadth of SORH TA efforts
Definition(s)	<p><u>Technical Assistance (TA) Encounter:</u> Any activity that is planned, funded, organized, administered or provided by SORH that results in the delivery of substantive information, advice, education or training <i>directly</i> to a client (s). TA must be provided face-to-face, through teleconference/webinar technology or via <i>in-depth</i> telephone and e-mail interactions that result in the delivery of substantive service or subject content (problem solving, proposal feedback, regulation interpretation, grant application guidance etc.) to a client. Relatively brief/routine telephone and e-mail responses and direct mass mailings are <u>not</u> considered TA for the purpose of this measure. A client usually requests TA or receives an invitation from SORH to participate in scheduled/formal TA activities such as workshops, conferences, seminars, meeting or training sessions. TA encounters provided to the same client on different occasions still shall be counted as an individual encounter.</p> <p><u>Client (unduplicated):</u> Any individual, group or organization interested in rural health. Examples include but are not limited to: providers/technicians, hospitals, clinics, networks, agencies, associations, organizations, academic institutions, government officials, communities, partners and other stakeholders. Affiliated individuals (i.e. members of an association or organization) would normally be considered a <i>single</i> client. Example - SORH addressing State Rural Health Association about grant opportunities. Non-affiliated individuals (i.e. hospital administrators or nurses) would normally be considered as <i>multiple</i> clients. Example – hospital staff attending a SORH sponsored workshop on quality and performance improvement. A client may only be counted <i>once</i> regardless of how many times the client receives TA during the reporting period.</p> <p>NOTE: TA provided related to policy activities, recruitment, retention should be reported under those measures.</p>
Data Source	Records of staff activity, webinars, meaningful or in-depth call, e-mail or face-to-face meeting, teleconference
Example of TA	A SORH holds a conference call for stakeholders within the State to discuss the requirements of grantees to receive State tobacco fund grants to expand access to oral health care services. A dentist from each of the following communities, Jonesville, Smithville and Regionville and 1 FQHC Director from Jonesville is on the call. <i>1 encounter for 4 clients</i>
Unit of Measure	<i>Unduplicated Number of encounters</i> <i>Unduplicated Number of clients</i>
CATS data input example	Activity what you did: conference call Focus on whose behalf you did it: clients Topic what was it about: Oral Health Program /Objective: SORH/TA
Interpretation	Higher numbers reflect broader breadth of SORH TA efforts

Category:	Dissemination of Information
Relates to Program Goal	Establish and maintain within the State a clearinghouse for collecting and disseminating information on: <ul style="list-style-type: none"> a. rural health care issues; b. research findings relating to rural health care; c. innovative approaches to the delivery of health care in rural areas and d. grant and other funding opportunities
ORHP Required	No
Purpose	Measure amount and type of information disseminated by SORH to rural America
Definition(s)	<p><i>Information dissemination:</i> The distribution to stakeholders of gathered facts, knowledge, bulletins, data and announcements on rural health care issues, research findings or model programs of care. Information dissemination activities are generally not initiated by the recipient of the information. Information dissemination does not include any analysis, application of specific requirements for an individual recipient or active individualized participation with the recipient of the activity. It may include significant printed or electronic versions of newsletters, articles, notices, informal updates, webinars, conference calls, presentations, Facebook or website postings, which are relatively brief and mass-mailed. For example, a quick Facebook update regarding a director’s meeting with the governor may not be considered a significant “gathering of facts” whereas a short 1 page report on the governor’s interest in rural health linked to a Facebook page would be considered information dissemination.</p> <p>NOTE: Information dissemination specifically related to policy activities, or health workforce recruitment and retention should be reported with those measures.</p>
Data Source	Logs of Emails, Newsletter distribution, Mailings, Website posting, Facebook postings, Twitter, conference booths, presentation at meetings
Example	<p>A SORH emails a notice regarding the availability of grant funds to an email list of hospital administrators.</p> <p>The e-mail notice is counted as 1 activity, regardless of the number of recipients.</p>
Unit of Measure	The number of individual Information dissemination activities.
CATS data input example	<p>Activity what you did: e-mail notice</p> <p>Focus on whose behalf you did it: hospitals</p> <p>Topic what was it about: Oral Health</p> <p>Program /Objective : SORH/collection and dissemination of information</p>
Interpretation	Higher numbers reflect more information dissemination by the SORH

Category	Data and information collection
ORHP Required	No
Relates to program goal	<p>Identify Federal, State and nongovernmental programs regarding rural health, and provide technical assistance to public and non-profit private entities regarding participation in such programs; and</p> <p>Establish and maintain within the State a clearinghouse for collecting and disseminating information on:</p> <ol style="list-style-type: none"> a. Rural health care issues; b. Research findings relating to rural health care; c. Innovative approaches to the delivery of health care in rural areas and d. Grant and other funding opportunities.
Definition(s)	<p><u>Information collection</u>: The collection of information, gathered facts, knowledge, bulletins, data and announcements on rural health care issues, research findings or model programs of care.</p> <p><u>Data collection</u>: The collection of primary or secondary data which may include data on health status, community or State demographics, economic impact data, program evaluation data, needs assessments.</p> <p>NOTE: Health workforce data collection should be reported with the recruitment and retention measure.</p>
Example	<p>A SORH conducts a survey of rural health clinics' education needs, counted as one data collection activity.</p> <p>A SORH compiles a compendium of grant resources for rural communities, counted as one information collection activity.</p> <p>A SORH collects information for producing an economic impact statement, counted as one data collection activity.</p>
Data Source	Logs of staff activity, survey results, reports prepared,
Unit of measure	Number of data or information collection activities.
CATS data input example	<p>Activity what you did: esurvey</p> <p>Focus on whose behalf you did it: rural health clinics</p> <p>Topic what was it about: cost reporting</p> <p>Program /Objective: SORH/collection and dissemination of information</p>
Interpretation	Higher number of activities reflects higher amount of information/data collection.

Category:	Policy related activities
Relates to Program Goal	Participate in strengthening State, Local and Federal partnership in rural health OR Coordinate the activities carried out in the State that relate to rural health care, including providing coordination for the purpose of avoiding duplication in such activities.
ORHP Required	No
Purpose	Measure the amount of policy activity coordinated or strengthened by SORH
Definition(s)	<u>Policy related activities</u> : Activities which relate to the development of new or revision of existing regulations, legislation, guidelines or procedures of Federal, State or local government which impact rural communities, providers and facilities. Policy activities may be initiated in order to solve a particular rural health policy problem, to prevent an action which may be harmful to rural stakeholders or to ensure continuation or reinforcement of an existing regulation, legislation, guideline or procedure. Policy activities may be conducted in response to executive, legislative or judicial or departmental levels of Federal, State or local government. Examples of policy related activities may include a study or education of rural stakeholders, analysis of proposed or existing programs, regulations or legislation, representation to partners or various other public entities, calls to action, hill visits, or participation on collaborative task force activities or other committees. This work is not direct advocacy or call to action for a specific vote.
Data Source	Staff calendars and activities.
Example of TA	A SORH Director serves on the NOSORH Policy Committee and participates in a policy committee meeting by conference call. 1 policy related activity is counted. A SORH Coordinator is asked to participate in regular meetings of the Department of Information Technology to provide input on the impact of broadband access in rural areas. The Coordinator attends bi-monthly meetings for 1 year. 24 policy related activities are counted OR 1 active partnership is counted. A SORH staff member provides information to the State Medicaid Program in the development of policy or regulation. 1 policy related activity is counted.
Unit of Measure	Number of policy related activities
CATS data input example	Activity what you did: participate in a committee Focus on whose behalf you did it: SORH Topic what was it about: Policy Program /Objective : SORH/strengthen State and Federal partnerships
Interpretation	More policy activities (or partnerships) indicate better coordination or stronger partnerships

Category:	Dollar leveraging
Relates to Program Goal	All
ORHP Required	No
Purpose	Measures additional funds garnered for the SORH using core SORH resources.
Definition(s)	<u>Dollar leveraging</u> : Is the securing of Federal, State or local grant, contract or other funds or resources using existing SORH resources under the control of the SORH to improve rural health. SORH should report all dollars secured for the SORH EXCEPT Federal FLEX, SHIP or PCO grants or matching funds. SORH should report only dollars which have been secured with a notice of award, not grant applications or pending agreements.
Data Source	Grant awards, contracts, interagency or partnership agreements.
Example	<p>The SORH works in collaboration with the Regional Extension Center to identify rural provider needs for EHR implementation. The SORH negotiates a contract with the REC to coordinate the convening of rural providers in 15 rural communities, survey the providers regarding their needs and support the work of the REC to engage with the rural providers. The SORH negotiates a contract of \$30,000 for this work. \$30,000 is reported as dollars gained as a result of leveraging SORH resources.</p> <p>NOTE: The SORH should still count the resulting information as technical assistance and information dissemination activities which result from the leveraging of these SORH resources to obtain this funding.</p>
Unit of Measure	Number of dollars gained by the SORH by using SORH resources.
CATS data input example	<p>Activity that you did: grant writing, contract negotiation or inter-agency agreement</p> <p>Focus on whose behalf you did it: rural providers</p> <p>Topic what was it about: HIT</p> <p>Program /Objective: secured funding to support rural providers to adopt EHR</p>
Interpretation	Higher numbers reflects dollars received to achieve results

Category:	Return on Investment
Relates to Program Goal	All
ORHP Required	No
Purpose	Measures the direct return on investment of SORH technical assistance, coordination, recruitment and retention and data collection activities to support rural health.
Definition(s)	<u>Return on investment:</u> Is any cash or in kind resources garnered through any efforts of the SORH which support the improvement of rural health at a State or local level. SORH should report any dollars secured for partners or constituents or communities which the SORH serves. The garnering of in kind resources should only be reported if it is integral to the activities. The total number of dollars or value of other resources reported should be prorated according to the percentage of effort the SORH contributed to the total effort to secure the resources. If the total resources secured were the result of the equal work of the SORH and 2 partners, the SORH should report only 33% of the resources secured as a return on investment for SORH activity.
Data Source	Grant awards, contracts, interagency or partnership agreements to provide funding or resources.
Example	<p>The SORH works with the local community to develop a rural health network. SORH attends meeting, provides technical assistance and reviews grant application prior to submission. Effort yields \$100,000 grant. Without SORH engagement, the community would not have been highly positioned in a competitive ranking; thus assumed due to the level of engagement, the SORH had a significant contribution estimated at 20% based on the level of complexity of technical assistance and time commitment (determined subjectively). Return on investment would be measured at \$20,000.</p> <p>The SORH convenes an interested group of State agencies, universities, the primary care association, dentists and other partners to meet quarterly to identify obstacles and opportunities to improve access to oral health care in rural communities. As a result of the coalition meetings, a retiring dentist donates his office equipment to a CHC satellite in a rural community. The CHC applies for additional funding to expand services and a new oral health access point is identified. Estimated SORH significant contribution was 20% of the effort of getting the \$80,000 expansion and a dental operatory with a value of \$20,000. Return on investment would be \$20,000 for the grant and the value of the operatory.</p> <p>The SORH works with its rural health association to secure VISTA volunteers to identify and strategize methodologies to improve the funding of rural EMS. The VISTA slot is approved and the SORH arranges for the VISTA volunteer to be directly housed, funded and supervised by the State EMS Coordinator. The SORH donates a desk and file cabinet for the VISTA volunteer. The work of garnering the VISTA volunteer was completed solely by the SRHA and the SORH and is valued at \$30,000 per year for two years. Since the SORH was only involved in the initial garnering of the VISTA resource, and the desk and file cabinet are not significant to the project,</p>

	<p>the SORH reports only a 10% contribution of the \$30,000 per year value resource added to rural health to reflect the SORH contribution to the placement of the VISTA volunteer.</p> <p>NOTE: If the VISTA volunteer under the EMS Coordinator’s supervision garnered a \$100,000 grant for rural EMS systems development, the SORH could reasonably report 10% of \$130,000 resource or \$13,000.</p>
Unit of Measure	Dollar value of additional resources gained for rural health and pro-rated by the percentage of the total effort contributed by the SORH activity.
CATS data input example	<p>Activity that you did: technical assistance, grant review and facilitation</p> <p>Focus on whose behalf you did it: underserved</p> <p>Topic what was it about: networking partners for drug assistance program</p> <p>Program /Objective: secured funding to support program</p>
Interpretation	Higher numbers reflects dollars received to achieve results

Category:	Support Recruitment Efforts (as defined by NOSORH)
Relates to Program Goal	Encourage, but not directly fund the recruitment and retention of health professionals in rural areas.
ORHP Required	Yes
Purpose	Measures the results of a SORH's effort to support recruitment of health professionals in rural areas.
Definition(s)	<p><u>Support of Recruitment efforts</u>: Is a measure of the support a SORH may provide to support or enhance recruitment of health professionals to rural communities and health providers which serve them.</p> <p>These rural health providers may include hospitals, rural health clinics, EMS organizations, public health organizations, solo and group practices, schools and community health centers.</p> <p>Health professionals may include a wide variety of professionals including physicians, nurses, lab professionals, oral health providers, mental health providers, community outreach workers, paid and unpaid EMS volunteers, nurse practitioners, physician assistants, HIT workers or others including students or residents preparing for health professions careers.</p> <p>Examples of recruitment activities may include serving as the 3R Net contact for the state. Funding the 3R Net contract for the state. The collection of data regarding recruitment needs of rural communities and health providers. Sourcing activities such as advertising, recruitment fairs, and presentations to students or residents to identify recruitable candidates. Site development activities to increase the "recruitability" of a particular site including any technical assistance which supports a site becoming eligible for State, Federal or local loan repayment or scholarship activities, and dissemination of scholarship funds. Please report any work relating to the dissemination of Federal, State, or local loan repayment funds under the retention measure.</p> <p>Information dissemination, data collection and technical assistance activities which specifically relate to support of recruitment activities should be reported with this measure NOT data collection or technical assistance</p> <p>Policy, dollar leveraging and return on investment measures of supporting recruitment activities should be reported with those specific measures.</p>
Data Source	Logs of staff activity, program inputs, information dissemination, reports, and website postings.
Examples	<p>The SORH coordinates with the PCA to develop, disseminate, analyze and report results on a survey of all CHC, CAH and RHC to identify recruitment needs of rural safety net providers – SORH reports out results at a rural health conference and disseminates report to each of 35 facilities Counts as 1 recruitment support activity.</p> <p>SORH uses same results of survey and provides report to 5 local economic development authorities. Counts as 5 recruitment support activities.</p>

	<p>SORH maintains State 3R Net Postings of primary care positions available. 100 postings per year. 4 professionals recruited through 3R Net. Counts as 100 activities and 4 professionals recruited.</p> <p>The SORH provided technical assistance to a rural health clinic by reviewing their recruitment plan and materials. Counts as a single activity.</p> <p>The FLEX Coordinator sits on an advisory group to review web-based curriculum for rural EMS professionals and participates in quarterly meetings. Counts as 4 activities.</p> <p>Screened J-1 applicant inquiries and referred the candidate to 3 communities in the process of recruiting a physician, applicant is contracted by another community in rural area. Count as 1 support activity only.</p> <p>Reviews and approves a state loan repayment award for a physician assistant recruited by a rural hospital. Count as 1 support activity and 1 professional recruited.</p> <p>The SORH provides technical assistance to a rural training track to promote the recruitment of medical students to the residency program. Count as 1 support activity.</p>
Unit of Measure	<p>Number of workforce development activities: 1 Number of new professionals (placed in rural communities for which the SORH supported recruitment activities).</p>
CATS data input example	<p>Activity that you did: reviewed a site's recruitment materials Focus on whose behalf you did it: RHC Topic what was it about: recruitment and retention Program /Objective: SORH/workforce recruitment/retention</p>
Interpretation	<p>Higher numbers reflect more encouragement of recruitment and retention health care workforce</p>

Category:	Support Retention Efforts
Relates to Program Goal	Encourage the retention of health professionals in rural areas.
ORHP Required	No
Purpose	Measures the level of activity of a SORH to support retention of health professionals in rural areas.
Definition(s)	<p><u>Retention:</u> Measures the support a SORH may provide to support or enhance retention of health professionals to rural communities and health providers which serve them.</p> <p>These rural health providers may include hospitals, rural health clinics, EMS organizations, public health organizations, solo and group practices, schools and community health centers.</p> <p>Health professionals may include a wide variety of professionals including physicians, nurses, lab professionals, oral health providers, mental health providers, community outreach workers, paid and unpaid EMS volunteers, nurse practitioners, physician assistants, HIT workers or others including students or residents preparing for health professions careers.</p> <p>Examples of retention activities may include the dissemination of loan repayment funds, tracking of loan repayment recipients, offering continuing education programs, networking opportunities, mentoring programs, award programs, faculty appointments, technical assistance for conflict resolution, collections, or other support activities for health professionals and recognition programs or activities.</p> <p>Information dissemination, data collection and technical assistance activities which specifically relate to support of retention activities should be reported with this measure NOT data collection or technical assistance</p> <p>Policy, dollar leveraging and return on investment measures of supporting retention activities should be reported with those specific measures.</p>
Data Source	Logs of staff activity, program inputs, information dissemination, and reports.
Examples	<p>A SORH receives an application for State loan repayment funds from a physician assistant who is recruited to a rural community. Count as 1 activity and 1 professional served.</p> <p>A SORH investigates slow payment by State Medicaid agency to a rural health clinic of 1 physician and physician assistant. Count as 1 activity and 2 professionals served.</p> <p>A SORH works to support the connection of a rural health clinic of 1 physician and 1 physician assistant to a university's telemedicine site. Count as 1 activity and 2 professionals served.</p> <p>A SORH conducts a continuing education program for volunteer EMS providers by</p>

	audio conference. 65 EMS volunteers around the State participate. Counts as 1 activity and 65 professionals served.
Unit of Measure	Number of activities supporting retention of health professionals. Number of professionals served by these activities.
CATS data input example	Activity that you did: reviewed a site's recruitment materials Focus on whose behalf you did it: RHC Topic what was it about: recruitment and retention Program /Objective: SORH/workforce recruitment/retention
Interpretation	Higher numbers reflect more encouragement of recruitment and retention health care workforce

ATTACHMENT 2
SORH CORE FUNCTIONS AND RECOMMENDED PERFORMANCE MEASURES

Measure	Corresponding Core SORH Function	ORHP Requires Reporting
Technical Assistance	Identify Federal, State and nongovernmental programs regarding rural health, and provide technical assistance to public and non-profit private entities regarding participation in such programs	Yes
Support recruitment activities	Encourage, but not directly fund, the recruitment and retention of health professionals in rural areas	Yes
Information dissemination	<p>Establish and maintain within the State a clearinghouse for collecting and disseminating information on:</p> <ul style="list-style-type: none"> a. Rural health care issues; b. Research findings relating to rural health care; and c. Innovative approaches to the delivery of health care in rural areas 	No
Collection of information	<p>Establish and maintain within the State a clearinghouse for collecting and disseminating information on:</p> <ul style="list-style-type: none"> a. Rural health care issues; b. Research findings relating to rural health care; and c. Innovative approaches to the delivery of health care in rural areas <p>Identify Federal, State and nongovernmental programs regarding rural health, and provide technical assistance to public and non-profit private entities regarding participation in such programs</p>	No
Support retention activities	Encourage, but not directly fund, the recruitment and retention of health professionals in rural areas	No
Policy activities	<p>Coordinate the activities carried out in the State that relate to rural health care, including providing coordination for the purpose of avoiding duplication in such activities</p> <p>Participate in strengthening State, Local and Federal partnership in rural health</p>	No
Dollar leveraging of SORH resources	<p>Coordinate the activities carried out in the State that relate to rural health care, including providing coordination for the purpose of avoiding duplication in such activities</p> <p>Participate in strengthening State, Local and Federal partnership in rural health</p>	No
Return on Investment of SORH activities	All core functions	No